

## Child Care and Development Fund (CCDF) Plan

for

# State/Territory Missouri

#### FFY 2016-2018

This Plan describes the CCDF program to be administered by the State/Territory for the period 6/1/2016 - 9/30/2018. As provided for in the applicable statutes and regulations, the Lead Agency has the flexibility to modify this program at any time, including amending the options selected or described.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The Lead Agency acknowledges its responsibility to adhere to them regardless of these modifications.

Public reporting burden for this collection of information is estimated to average 162.5 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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#### Introduction and How to Approach Plan Development

Access to stable, high quality child care and early learning experiences improves the odds of success for two generations – parents and children - who rely on child care across the country. The Child Care and Development Fund (CCDF) provides resources to State, Territory, and Tribal grantees that enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children. The CCDF also provides funding to enhance the quality of child care for all children.

On November 19, 2014, President Obama signed the bipartisan-supported Child Care and Development Block Grant (CCDBG) Act of 2014 into law (Pub.L. 113-186)

(https://www.acf.hhs.gov/sites/default/files/occ/child\_care\_and\_development\_block\_grant\_markup.pdf). The law reauthorizes and significantly revises the purposes of the CCDF program and requirements for State and Territory grantees. The law establishes minimum child care assistance eligibility periods, health and safety standards and training requirements for providers, monitoring, consumer information and other components that when fully implemented will strengthen child care in this country and support child and family success.

States and Territories must comply with the provisions of the Child Care and Development Block Grant (CCDBG) Act, as revised by reauthorization. The Office of Child Care (OCC) has provided interpretive guidance on the new requirements of the law through Program Instructions or responses to Frequently Asked Questions, which are available at: <a href="http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization">http://www.acf.hhs.gov/programs/occ/ccdf-reauthorization</a>. Pending the issuance of implementing regulations, States and Territories are to comply with the law based on their reasonable interpretation of the requirements in the revised CCDBG statute. Further Federal clarification through guidance and regulation is forthcoming. Once final rules are issued, any States and Territories that do not fully meet the requirements of the regulations will need to revise their policies and procedures to come into compliance, and file appropriate Plan amendments related to those changes.

**CCDF Plan Overview**. The Administration for Children and Families (ACF) re-designed the CCDF Plan to assist State and Territory grantees to plan for full implementation of the law. We recognize that the CCDBG Act of 2014 includes a significant number of changes, some of which are straightforward to implement, while others are complex and will be phased-in over several years. The level of effort needed for implementation will vary across the country depending on the number of changes a State or Territory needs to make. We encourage all States and Territories to take time to think systematically and consider large-scale changes to advance a coherent vision for their child care programs and achieve the goals of the reauthorization – that is, to improve the health, safety, and quality of child care and to improve low-income working families' access to child care assistance and care that promotes child development. Some States and Territories will need time to enact changes through their legislatures or rulemaking processes. In addition, some requirements will take time to fully operationalize. ACF will work with States and Territories to ensure that adoption and implementation of these important changes are done in a thoughtful and comprehensive manner.

The Plan process continues to be the primary mechanism by which ACF will determine State and Territory compliance with requirements in the new law. The CCDBG Act of 2014 changed the Plan cycle from a biennial to a triennial Plan period; thus, this Plan will cover a 3-year period. (658E(b)) States and Territories

are required to submit their FY 2016-2018 CCDF Plans by March 1, 2016, and approved Plans will become effective June 1, 2016. This Pre-Print will provide a tool for States and Territories to describe to ACF their implementation plans to:

- 1. Define CCDF Leadership and Coordination with Relevant Systems
- 2. Promote Family Engagement through Outreach and Consumer Education
- 3. Provide Stable Child Care Financial Assistance to Families
- 4. Ensure Equal Access to High Quality Child Care for Low-Income Children
- 5. Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings
- 6. Recruit and Retain a Qualified and Effective Child Care Workforce
- 7. Support Continuous Quality Improvement
- 8. Ensure Grantee Accountability

These organizational categories reflect key functions of an integrated system of high quality care for low-income working families. Although the Plan is divided into sections for reporting and accountability purposes, ACF encourages Lead Agencies to approach the Plan in a cross-cutting, integrated manner. The intention is that grantees and the federal government will be able to use this information to track and assess progress, determine need for technical assistance and CCDF Plan amendments, and ultimately determine compliance with specific requirements and deadlines.

For purposes of simplicity and clarity, the specific provisions of applicable laws printed herein are sometimes paraphrases of, or excerpts and incomplete quotations from, the full text. The State/Territory acknowledges its responsibility to adhere to them regardless of these modifications. The Plan contains definitions where provided by law. For terminology not defined in the law, some illustrative examples may be provided. These should only be considered examples, and not requirements, for purposes of responding. If no definitions are provided, States/Territories should respond based on their own definitions for those terms.

**CCDBG Implementation Deadlines**. In some cases, the CCDBG Act of 2014 specifies a particular date when a provision is effective. Where the law does not specify a date, the new requirements became effective upon the date of enactment and States/Territories have until September 30, 2016 to implement the new statutory requirement(s). ACF has determined that when a State or Territory cannot certify compliance with a specific requirement at the time of CCDF plan submission, the grantee must provide a State/Territory-specific implementation plan for achieving compliance with such provision(s). The implementation plan must provide sufficient information to support approval of the Plan for funding.

Specifically, as part of its implementation plan, States/Territories will be asked to describe:

- Overall target completion date (no later than appropriate effective date deadline)
- Current status for any requirement in this section (not yet started, partially implemented, substantially implemented, other) including describing progress to date for any requirements already implemented and listing any unmet requirements that are not yet fully implemented
- Specific steps (activities) you will take to complete implementation of the unmet requirement(s) (e.g., secure legislative or rule changes, modify agreements with coordinating agencies, etc.)

- Timeline for implementation including projected start date and end date for each step
- Agency/entity responsible for completing implementation of the goal/objective, and partners who
  will work with the responsible agency to complete implementation of the goal/objective.

We recognize that it will take multiple steps and interim activities toward complete implementation of the requirement. We have included spaces to allow respondents to outline those interim steps and associated timelines (projected start and end dates) for those interim steps to be outlined. A comprehensive summary of the topical implementation plans across sections will be generated electronically to facilitate monitoring of progress towards completion.

ACF will work with States and Territories to monitor progress towards achievement of these requirements and will conduct ongoing reviews of implementation plans until fulfillment of the requirement. As part of the ongoing reviews, States and Territories will be asked to complete regular updates to the implementation plan through the e-submission site. Upon completion of the implementation plan, the State/Territory will submit a Plan amendment to certify fulfillment of the requirement(s). These updates and amendments can be submitted at any time prior to the effective date of the requirement. For example, States and Territories may, and are encouraged to, submit amendments to certify compliance with requirements upon completion, but no later than the effective date of the requirements (refer to the Program Instruction on Effective Dates for these deadlines

https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02 and corresponding timeline of effective dates https://www.acf.hhs.gov/programs/occ/resource/pi-2015-02-attachment-timeline-of-effective-dates-for-States-and-Territories-ccdbg-act-of-2014).

Lead Agencies can access a variety of federal technical assistance resources to support implementation of the new requirements at: <a href="https://childcareta.acf.hhs.gov/ccdf-reauthorization">https://childcareta.acf.hhs.gov/ccdf-reauthorization</a> In addition to these materials, States and Territories will continue to receive support through the Office of Child Care's Technical Assistance Network (CCTAN) to assist with implementation of the new law. ACF recommends reviewing these resources prior to starting and completing each section of the Plan.

electronic submission. States and Territories will submit their Plans electronically through the ACF-118 electronic submission site. The ACF-118 site will include all language and questions included in the final CCDF Plan Preprint template approved by the Office of Management and Budget. Please note that the format of the questions in the ACF-118 site may be modified from the Word version of the document to ensure compliance with Section 508 policies regarding accessibility to electronic and information technology for individuals with disabilities (see <a href="http://www.section508.gov/">http://www.section508.gov/</a> for more information). Until the final draft is approved, States and Territories may use the draft CCDF Plan preprint templates as they work to implement the new law. In responding to questions, States and Territories are asked to provide brief, specific summary text and/or bullet points only. Do not use tables or copy and paste charts, attachments or manuals into the Plan.

All information and materials developed to support CCDF implementation and information reported in the CCDF Plan are subject to review by ACF as part of ongoing CCDBG compliance monitoring efforts. . In cases where the CCDBG Act of 2014 did not change CCDF regulatory requirements (e.g., Public Hearing requirements), the CCDF regulations are still in effect and relevant questions are included in this Plan.

The CCDF Plan does not contain the Quality Performance Report (QPR) appendix included in previous Plans. The CCDBG Act of 2014 requires ongoing collection of some information that was included in the QPR. ACF will issue a separate information collection tool for public comment and approval linked to the CCDF Plan and updated based on the new requirements in the law.

#### 1 Define CCDF Leadership and Coordination with Relevant Systems

Implementation of the requirements of the CCDBG Act of 2014 will require leadership and coordination between the child care assistance program and other child- and family-serving agencies, services, and supports at the state and local levels. ACF recognizes that each grantee must identify the most appropriate entities and individuals to lead and participate in implementation based on the context within that State or Territory. This will include those that manage various components of CCDF-funded activities and requirements (fiscal, subsidy, health and safety monitoring, and continuous quality improvement) as well as other public and private partners.

This section collects information to help ACF understand the stakeholders convened and consulted to develop the Plan, where authority lies to make policy decisions and program changes, and who is responsible for implementing the blueprint for action the Plan describes. For example, the law requires that, at the option of the Tribes, State/Territory Lead Agencies must collaborate and coordinate with Indian tribes or tribal organizations in the State in a timely manner in the development of the CCDF Plan. ACF expects that new requirements in the law will necessitate that grantees build partnerships with other agencies and organizations to better link the children and families receiving financial assistance to information, services and resources regarding other programs for which they may be eligible, including developmental screenings for children, and other resources (also in section 2). In addition, States and Territories must describe how public-private partnerships are being used to increase the supply and quality of child care services.

#### 1.1 CCDF Leadership

The Governor of a State or Territory shall designate an agency (which may be an appropriate collaborative agency), or establish a joint inter-agency office, to represent the State (or Territory) as the Lead Agency. The Lead Agency agrees to administer the program in accordance with applicable Federal laws and regulations and the provisions of this Plan, including the assurances and certifications appended hereto. (658D, 658E(c)(1))

#### 1.1.1 Which Lead Agency is designated to administer the CCDF program?

Identify the Lead Agency or joint inter-agency office designated by the State/Territory. ACF will send
official grant correspondence such as grant awards, grant adjustments, Plan approvals, and disallowance
notifications to the designated contact identified here. (658D(a))

Name of Lead Agency <u>Children's Division</u>	
Address of Lead Agency PO Box 88, Jefferson City MO 65103	
Name and Title of the Lead Agency Official Tim Decker, Director	

	☐ Phone Number <u>573-522-8024</u>
	☐ E-Mail Address AskCD@DSS.MO.Gov
	☐ Web Address for Lead Agency (if any) <a href="http://dss.mo.gov/cd/childcare/">http://dss.mo.gov/cd/childcare/</a>
1.1.2	Who is the CCDF administrator?
	Identify the CCDF administrator designated by the Lead Agency, the day-to-day contact, or the person with responsibility for administering the State/Territory's CCDF program. ACF will send programmatic communications such as program announcements, program instructions, and data collection instructions to the designated contact identified here. If there is more than one designated contact with equal or shared responsibility for administering the CCDF program, please identify the co-administrator or entity with administrative responsibilities and include contact information.
	a) Contact Information for CCDF Administrator:
	Name of CCDF Administrator <u>Cindy Burks</u>
	Title of CCDF Administrator Program Administrator
	Address of CCDF Administrator PO Box 88, Jefferson City, MO 65103
	Phone Number <u>573-751-6793</u>
	E-Mail Address <u>Cindy.Burks@dss.mo.gov</u>
	b) Contact Information for CCDF Co-Administrator (if applicable):
	Name of CCDF Co-Administrator
	Title of CCDF Co-Administrator
	Phone Number
	E-Mail Address
	Description of the role of the Co-Administrator
	c) Primary Contact Information for the CCDF Program:
	Phone Number for CCDF program information (for the public) (if any) 573-522-8024
	Web Address for CCDF program (for the public) (if any) <a href="http://dss.mo.gov/cd/childcare/">http://dss.mo.gov/cd/childcare/</a>
	Web Address for CCDF program policy manual (if any) <a href="http://dss.mo.gov/cd/childcare/">http://dss.mo.gov/cd/childcare/</a>
	Web Address for CCDF program administrative rules (if any) <a href="http://dss.mo.gov/cd/childcare/">http://dss.mo.gov/cd/childcare/</a>
1.1.3	Identify the agency/department/entity that is responsible for each of the major parts of CCDF administration and the name of the lead contact responsible for managing this portion of the Plan.
	X Outreach and Consumer Education (section 2):
	<ul> <li>Agency/Department/Entity Children's Division</li> </ul>

o Name of Lead Contact <u>Tasha Baker</u>

- X Subsidy/Financial Assistance (section 3 and section 4)
  - Agency/Department/Entity <u>Family Support Division</u>
  - o Name of Lead Contact Kim Evans
- X Licensing/Monitoring (section 5):
  - o Agency/Department/Entity Department of Health and Senior Services
  - Name of Lead Contact Sue Porting
- X Child Care Workforce (section 6):
  - o Agency/Department/Entity Children's Division
  - Name of Lead Contact Tasha Baker
- X Quality Improvement (section 7):
  - o Agency/Department/Entity Children's Division
  - Name of Lead Contact <u>Tasha Baker</u>
- X Grantee Accountability/Program Integrity (section 8):
  - Agency/Department/Entity Children's Division
  - o Name of Lead Contact Marianne Dawson

# 1.2 CCDF Policy Decision Authority

The Lead Agency has broad authority to administer (i.e., establish rules) and operate (i.e., implement activities) the CCDF program through other governmental, non-governmental, or other public or private local agencies as long as it retains overall responsibility for the administration of the program. (658D(b))

1.2.1 Which of the following CCDF program rules and policies are set or established at the State/Territory versus the local level? In other words, identify whether CCDF program rules and policies are established by the State or Territory (even if administered or operated locally) or whether the CCDF policies or rules are established by local entities (such as counties or workforce boards) setting those policies. Check one.

	Other. Describe
	Sliding fee scale is set by the:
	State/Territory
	County. If checked, describe the type of sliding fee scale policies the county can set
	Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of sliding fee scale policies the local entity(ies) can set
	Other. Describe
	Payment rates are set by the:
	State/Territory
	County. If checked, describe the type of payment rate policies the county can set
	Other local entity (e.g., workforce boards, early learning coalitions). If checked, identify the entity (e.g. workforce board) and describe the type of payment rate policies the local entity(ies) can set
	Other. Describe
	Other. List and describe (e.g., quality improvement systems, payment practices)
1.2.2	How is the CCDF program operated in your State/Territory? In other words, which agency(ies) implement or perform these CCDF services and activities and how will the State/Territory ensure that Federal CCDF requirements are fully implemented by other governmental or nongovernmental agencies. ACF recommends minimizing differences in eligibility or other policies across counties or other jurisdictions to ease family burden and confusion. Check all that apply and describe the services performed by the entity and how the State/Territory ensures accountability that federal requirements are fully implemented by other agency(ies).
	a) Who determines eligibility?
	CCDF Lead Agency
	X TANF agency. Describe. <u>Family Support Division within the Department of Social Services.</u>
	Other State/Territory agency. Describe
	Local government agencies such as county welfare or social services departments.  Describe
	Child care resource and referral agencies. Describe.
	Community-based organizations. Describe

Other. Describe
b) Who assists parents in locating child care (consumer education)?
CCDF Lead Agency
TANF agency. Describe
Other State/Territory agency. Describe
Local government agencies such as county welfare or social services departments.  Describe
X Child care resource and referral agencies. Describe. The Children's Division contracts with Child Care Aware of Missouri to provide services statewide.
Community-based organizations. Describe
Other. Describe
c) Who issues payments?
CCDF Lead Agency
TANF agency. Describe
X Other State/Territory agency. Describe. Child care subsidy payments are processed by the Department of Social Services' Division of Finance and Administrative Services
Local government agencies such as county welfare or social services departments.  Describe
Child care resource and referral agencies. Describe
Community-based organizations. Describe
Other. Describe.

#### 1.3 Consultation in the Development of the CCDF Plan

The Lead Agency is responsible for developing the CCDF plan which serves as the application for a three-year implementation period. In the development of the CCDF plan, the Lead Agency shall consult with appropriate representatives of units of general purpose local government. (658D(b)(2)) General purpose local governments is defined by the U.S. Census at

https://www.census.gov/newsroom/cspan/govts/20120301 cspan govts def 3.pdf

The CCDBG Act of 2014 added a requirement that States consult with the State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). 658E(c)(2)(R) In addition, States shall, at the option of an Indian tribe or tribal organization in the State, collaborate and coordinate with such Indian tribe or tribal organization in the development of the State plan in a timely manner. (658D (b)(1)(E))

Check who and describe how the Lead Agency consulted with these entities in the development of the CCDF Plan (check all that apply). For example, did the entity participate in a drafting committee, review drafts, sign off on the final version, or develop a memorandum of understanding with the Lead Agency to meet requirements to share information or services for CCDF subsidy families, or other manner of participation? This list includes entities required by law along with a list of optional CCDF Plan consultation partners that Lead Agencies potentially would consult with in their developing their CCDF Plan.
☐ [REQUIRED] Appropriate representatives of general purpose local government, which can include counties, municipalities or townships/towns Describe In process of arranging webinar with the MO Association of County Commissioners
X [REQUIRED, IF APPLICABLE] State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act). Describe <u>Presentations and discussions held with Coordinating Board of Early Childhood and its workgroups in the development of the state plan.</u>
<ul> <li>If checked, does the Lead Agency have official representation and a decision-making role in the State Advisory Council?</li> </ul>
X Yes
<ul> <li>□ No.</li> <li>o If no State Advisory Council on Early Childhood Education and Care (pursuant to 642B(b)(I)(A)(i) of the Head Start Act) exists in your State/Territory, describe how you consulted with any other state- or state-designated cross-agency body such as an advisory council, cross-agency commission, or council or cabinet related to child and family planning and policy</li> </ul>
☐ [REQUIRED] Indian tribe(s) and/or tribal organization(s), at the option of individual Tribes.  Describe, including which Tribe(s) you consulted with Check N/A if no Indian Tribes and/or Tribal organizations in the State X
X State/Territory agency responsible for public education. Describe <u>Consulted with the</u> <u>Department of Elementary and Secondary Education</u> , <u>Early Childhood staff</u> , <u>MOU is in place</u> .
X State/Territory agency/agencies responsible for programs for children with special needs, including early intervention programs authorized under the Individuals with Disabilities Education Act (Part C for infants and toddlers and Section 619 for preschool). Describe Consulted with the Department of Elementary and Secondary Education, Early Childhood staff related to Part C in development of state plan.
X State/Territory institutions for higher education, including community colleges. Describe Consulted with the Department of Elementary and Secondary Education in development of state plan.

plan, MOU in place.

X State/Territory agency responsible for child care licensing. Describe Consulted with the

Department of Health and Senior Services, Section for Child Care Regulation in development of state

- X State/Territory office/director for Head Start State collaboration. Describe Consulted with the MO Head Start State Collaboration Office (MHSSCO), MOU in place. X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe Partner with the Early Head Start-Child Care Partnership grantees and MHSSCO. Lead Agency participates in project workgroup. X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe Presented information on State Plan and consulted with staff from CACFP within the Department of Health and Senior Services. ☐ State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe \_\_\_\_\_ X Other Federal, State, local and/or private agencies providing early childhood and schoolage/youth serving developmental services. Describe Consulted with the MO Afterschool Network, MO Child Care Accreditation, St. Louis Regional Child Care Council, St. Louis Fatherhood Center, Lutheran Family and Children Services, and Child Care Aware of Missouri. X State/Territory agency responsible for implementing the Maternal and Child Home Visitation programs grant. Describe Consulted with the Early Childhood Comprehensive System responsible for the implementation of the Maternal and Child Home Visitation program. Representation on the Early Childhood Comprehensive Services Steering Committee. ☐ Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT). Describe X McKinney-Vento State coordinators for Homeless Education. Describe Consulted with the Department of Elementary and Secondary Education, Coordinator of McKinney-Vento Program. Shared information on local coordinators and state sub-grantees. Plan is to survey local coordinators on the demographics of homeless families served in their area. Information from survey will be used to plan for future services. X State/Territory agency responsible for public health. Describe Public Health Nurse Consultation representation participant in quarterly meetings with Lead Agency. CCDF state plan and changes due to reauthorization is standing agenda item for discussion.
- X State/Territory agency responsible for mental health. Describe <u>Presentation of reauthorization</u> act and corresponding changes to child care subsidy and quality services presented to the <u>Coordinating Board for Ealy Childhood Mental Health Workgroup; on the workgroup are</u> representatives from the Department of Mental Health and community mental health providers. <u>Representative from Department of Mental Health serves on the Early Childhood Interagency Team.</u>
- X State/Territory agency responsible for child welfare. Describe <u>CCDF Lead Agency is the state's</u> child welfare agency. Presentation and discussion of the draft state plan held with the agency's <u>management team.</u>

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- X State/Territory agency responsible for employment services/workforce development. Describe Consulted with Department of Economic Development and local Workforce Development entities, have entered into a pilot project to expedite application processing for subsidy.
- X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe Consulted with the Family Support Division regarding the reauthorization act and corresponding changes to subsidy.
- X State/community agencies serving refugee or immigrant families. Describe <u>Lead Agency</u> <u>presented draft changes to child care subsidy program to Family Support Division, Refugee</u>

  Resettlement Program's contractors for resettlement services. Ongoing collaboration will consist of the Lead Agency participating in quarterly meetings with the resettlement agencies.
- X Child care resource and referral agencies. Describe <u>Consulted on the development and implementation of the state plan with the statewide provider of CCRR, Child Care Aware of MO.</u>
- X Provider groups or associations. Describe Held focus group meetings with child care providers regarding the reauthorization act and subsequent changes to policy, presented to the St Louis Regional Council on Child Care.

Reg	gional Council on Child Care.
	Labor organizations. Describe
Χ	Parent groups or organizations. Describe Held focus group meetings with parents regarding the
rea	uthorization act and subsequent changes to policy.
	Other. Describe

- 1.3.2 Describe the Statewide/Territory-wide public hearing process held to provide the public an opportunity to comment on the provision of child care services under this Plan (658D(b)(1)(C)). Lead Agencies are required to hold at least one public hearing in the State/Territory with sufficient State/Territory-wide distribution of notice prior to such hearing to provide the public an opportunity to comment on the provision of child care services under the CCDF Plan. At a minimum, this description must include:
  - a) Date(s) of notice of public hearing <u>Notice of Public Hearings posted and distributed on</u> November 9, 2015

Reminder - Must be at least 20 calendar days prior to the date of the public hearing.

b) How was the public notified about the public hearing, including how notice was accessible for people with disabilities? Please include website links if utilized to provide notice. Posted on Department of Social Services, Early Childhood Website, email and Facebook posting by Child Care Aware, notices emailed to providers through the Department of Health and Senior Services, Section for Child Care Regulation, notice sent to all entities in which Lead Agency consulted with in the development of state plan and sent child care invoice message. Website links: http://dss.mo.gov/cd/childcare/ and http://mo.childcareaware.org/,

- c) Date(s) of public hearing(s) <u>Dates of public Hearings: December 1, 2, 3, 8, 9, 11, 2015</u>, **Reminder** Must be no earlier than September 1, 2015 which is 9 months prior to the June 1, 2016 effective date of the Plan.
- d) Hearing site(s) or method(s), including how geographic regions of the State/Territory were addressed. In person in St. Louis, Springfield, Kansas City, Columbia, and Cape Girardeau.

  Webinar during work day statewide. Through the use of in-person public hearings and webinar format all geographic regions of the state are covered.
- e) Describe how the content of the Plan was made available to the public in advance of the public hearing(s) <u>Draft state plan posted on Department of Social Services Early Childhood website,</u> emailed drafts to stakeholders, early childhood advocates and to child care licensing agency.
- f) How will the information provided by the public be taken into consideration in the provision of child care services under this Plan? <u>Comments will be reviewed and considered for plan</u> adjustment by Lead Agency management team.
- 1.3.3 Describe the strategies used by the Lead Agency to make the CCDF Plan and Plan Amendments available to the public. Check all that apply and describe the strategies below, including any relevant links as examples.
  - X Working with advisory committees. Describe <u>Presentation and discussions held with</u> <u>Coordinating Board Early Childhood workgroups and posted at www.dss.mo.gov/CBEC/</u>

Χ	Working with child care resource and referral agencies. Describe <u>Missouri contracts with a</u>
<u>sta</u>	tewide child care resource and referral agency and draft plan posted at
ww	vw.mo.childcareaware.org/
	Providing translation in other languages. Describe
X	Making available on the Lead Agency website. List the website www.dss.mo.gov/cd/chilcare

- X Sharing through social media (Twitter, Facebook, Instagram, email, etc.). Describe <u>Facebook</u> posting and email by Child Care Aware of Missouri.
- X Providing notification to stakeholders (e.g., provider groups, parent groups). Describe <u>Emails</u> sent by Department of Health and Senior Services, Section for Childcare Regulation, to licensed providers; Lead Agency email to provider and parent focus group attendees.

	Other.	Describe	
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## 1.4 Coordination with Partners to Expand Accessibility and Continuity of Care

The CCDBG Act of 2014 added a requirement that the Plan describe how the State/Territory will efficiently, and to the extent practicable, coordinate child care services supported by CCDF with programs operating at the Federal, State/Territory, and local levels for children in the programs listed below.

1.4.1 Check who and describe how your State/Territory coordinates or plans to efficiently coordinate child care services with the following programs to expand accessibility and continuity of care, and assist

children enrolled in early childhood programs to receive full-day services that meet the needs of working families. (658E(c)(2)(O)) Please describe the goals of this coordination, such as extending the day or year of services for families; smoothing transitions for children between programs or as they age into school, enhancing and aligning quality of services, linking comprehensive services to children in child care settings or developing supply of quality care for vulnerable populations. NOTE that this list appears similar to the list provided in 1.3.1 which focused on consultation for purposes of developing the CCDF Plan, however, this list includes entities required by law, along with a list of optional CCDF Plan coordination partners that Lead Agencies potentially would coordinate with over the next 3 years to expand accessibility and continuity of care, and assist children enrolled in early childhood programs to receive full-day services. Check and describe all that apply.

X [REQUIRED] Programs operating at the Federal, State and local levels for children in pre-school programs (e.g., state-or locally-funded pre-k, Head Start, school-based programs, public and private preschools, programs serving preschool children receiving special education services, etc.). Describe The Out of School Time contracts that deliver before and after school care have been expanded to include the preschool age population, allowing more families to be served and increasing the continuity of care and assisting the children enrolled in early childhood programs to receive full-day services. Lead Agency has established an interagency team, which includes Department of Elementary and Secondary Education, Department of Health and Senior Services, Section for Childcare Regulation, Department of Mental Health, and the Missouri State Head Start Collaboration office to address implementation of inclusion services for children with special needs. Lead Agency collaborates with early childhood service providers, which includes but not limited to, early head start partnership grantees, Missouri Afterschool Network, Missouri Head Start Association, Missouri Head Start State Collaboration Office and the Early Childhood Comprehensive Services.

[REQUIRED, IF APPLICABLE] Tribal early childhood programs. Describe, including which Tribe(s)
coordinating with

- X Check N/A if no Indian Tribes and/or Tribal organizations or programs in the State.
- X [REQUIRED] Other Federal, State, local early childhood programs serving infants and toddlers with disabilities. Describe Lead Agency has established an interagency team, which includes Department of Elementary and Secondary Education, Department of Health and Senior Services, Section for Childcare Regulation, Department of Mental Health, and the Missouri State Head Start Collaboration office to address implementation of inclusion services for children with special needs and the quality and availability of infant and toddler care.
- X [REQUIRED] Early childhood programs serving homeless children (as defined by the McKinney-Vento Homeless Education Assistance Act). Describe Coordination with the Head Start Collaboration office to assess needs and priorities and develop strategies to address the child care needs of homeless families. In addition, the Lead Agency has consulted with community service providers serving homeless families. As a result the Lead Agency has classified homeless children as special needs. Families will be eligible for full time child care by actively participating in a community based program providing services to eradicate homelessness. Families of children classified as special needs are not required to pay sliding fees and child care providers receive a 25% rate differential.

- X [REQUIRED] Early childhood programs serving children in foster care. Describe The Lead Agency is the state child welfare agency. As a result there is ongoing internal communication through the agencies Continuous Quality Improvement meetings and within the executive team meetings. Foster children are classified as special needs and resource parents are not required to pay sliding fees, child care providers receive a 25% rate differential, and resource parents do not pay copays.
- X State/Territory agency responsible for child care licensing. Describe Child care licensing is administered by the Department of Health and Senior Services, Section for Child Care Regulation. The Lead Agency, Section for Child Care Regulation, Child and Adult Food Program and the Division of Finance and Administrative Services meet on a monthly basis to discuss strategies to enhance child care services in Missouri for all children.
- X State/Territory agency with Head Start State collaboration grant. Describe The Lead Agency serves on the advisory board of the MHSSCO. Participation on the board involves the development of the five year strategic plan, review of the Missouri Needs Assessment and strategize for areas of improvement and set goals for improvement in early childhood services. In addition, developing a tool to articulate the areas of alignment between federal Early Head Start and Head Start with the state's Early Head Start program and the federal Early Head Start and Child Care Partnership grant programs. This tool will offer the opportunity to enhance service provision and continuity of care. In addition, areas in which the programs are not aligned will be defined and strategies developed to improve alignment.
- X State Advisory Council authorized by the Head Start Act. Describe The Coordinating Board of Early Childhood serves at the State Advisory Council. The Board is comprised of nine members appointed by the governor and representatives from the Departments of Social Services, Health and Senior Services, Elementary and Secondary Education, and Mental Health. The board has workgroups for early childhood mental health, healthcare, home visiting, professional development, and early care and education programs.
- X State/Territory/local agencies with Early Head Start-Child Care Partnerships grants. Describe <a href="There is ongoing collaboration">There is ongoing collaboration and regular meetings aimed at building partnerships between the Lead Agency, the Head Start Collaboration office, Early Head Start grantees and Partnership grantees to align continuity of services for the families.
- X McKinney-Vento State coordinators for Homeless Education or local educational agency McKinney-Vento liaisons. Describe Met with the Department of Elementary and Secondary Education's McKinney-Vento Coordinator. Coordinator shared information on local coordinators and liaisons. Plan is to reach out to local liaisons prior to submission of state plan.
- X Child care resource and referral agencies. Describe Ongoing communication and collaboration with Child Care Aware of Missouri, the Lead Agency's statewide resource, referral and training provider.

  Collaboration includes the workshop calendar offering a variety of trainings, dissemination of information to families seeking child care, offering referral services and technical assistance to child care providers.
- X State/Territory agency responsible for public education. Describe The Lead Agency has a Memorandum of Understanding with the Department of Elementary and Secondary Education. The

MOU addresses early learning guidelines, before and after school services, inclusion services, and support for professional development. Through the development of the annual MOU the Lead Agency and DESE strategize on how to best address early childhood needs.

X State/Territory institutions for higher education, including community colleges. Describe <u>The Lead</u>
Agency and the Department of Elementary and Secondary Education MOU addresses collaboration and support with local community colleges to assist with professional development; e.g. Child Development Associates.

X State/Territory agency responsible for Child and Adult Care Food Program (CACFP). Describe The Lead Agency participates in monthly meetings with the Department of Health and Senior Services, which includes the Child and Adult Care Food Program, to review concerns related to in common child care providers, strategies for addressing concerns, and ways to improve program integrity.

X State/Territory agency responsible for WIC, nutrition (including breast-feeding support), and childhood obesity prevention. Describe The Lead Agency participates in quarterly meetings with the Department of Health and Senior Services, which includes the Nurse Health Consultation Program, to review child care provider training needs and parent education related to nutrition and health.

Other Federal, State, local and/or private agencies providing early childhood and school-age/youth serving developmental services. Describe \_\_\_\_\_

X State/Territory agency responsible for implementing the Maternal and Childhood Home Visitation programs grant. Describe The Department of Health and Senior Services oversees the Maternal and Childhood Home Visitation Program. The Lead Agency serves as a member of the Early Childhood Comprehensive Services committee and participates in the development of the strategic plan and implementation of home visiting services.

Agency responsible for Medicaid/Early and Periodic Screening, Diagnostic and Treatment (EPSDT).
Describe

X State/Territory agency responsible for public health. Describe The Lead Agency participates in quarterly meetings with the Department of Health and Senior Services, which includes the Nurse Health Consultation Program, to review child care provider training needs and parent education related to nutrition and health.

X State/Territory agency responsible for mental health. Describe <u>Through the Coordinating Board for Early Childhood's mental health workgroup, in which the Lead Agency participates, with the goal of developing mental health consultation for child care providers.</u>

X State/Territory agency responsible for child welfare. Describe <u>Lead Agency is a part of the child</u> welfare agency. State administrator is a part of the agency's executive team.

☐ State/Territory liaison for military child care programs. De	scribe
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X State/Territory agency responsible for employment services/workforce development. Describe Development of WIB Pilot Project, Workforce Investment Board, to increase accessibility of child care and streamline the application process for families.

X State/Territory agency responsible for Temporary Assistance for Needy Families (TANF). Describe The Family Support Division and the Lead Agency regularly collaborate on ensuring policies and procedures related to eligibility do not create barriers for families applying for child care assistance. Workgroup consisting of key staff from the Lead Agency, Family Support Division and Information Technology Services is collaborating to develop system changes to streamline eligibility for both participants and staff. The goal of the system changes is to eliminate current barriers for participants in applying for services and improving the flow of information between the agency and parents and child care providers.

X State/Territory community agencies serving refugee or immigrant families. Describe <u>Lead Agency will support ongoing collaboration through participation in quarterly meetings with the resettlement agencies</u>.

X Provider groups or associations. Describe <u>Lead Agency is not aware of any formal provider groups or associations in Missouri.</u>

X Labor organizations. Describe <u>Lead Agency is not aware of any formal child care labor organizations in Missouri.</u>

X Parent groups or organizations.	Describe	Lead Agency	is not	aware of	f any f	formal	parent	groups	s or
organizations in Missouri.					-			-	

#### 1.5 Optional Use of Combined Funds

The CCDBG Act of 2014 added a provision that States and Territories have the option to combine funding for CCDF child care services with funding for any of the required programs listed in 1.4.1. These include programs operating at the Federal, State and local levels for children in preschool programs, tribal early childhood programs, and other early childhood programs, including those serving infants and toddlers with disabilities, homeless children, and children in foster care. (658E(c)(2)(0))(ii)) Combining funds could include blending multiple funding streams, pooling funds, or layering funds together from multiple funding streams in an effort to expand and/or enhance services for children and families to allow for delivery of comprehensive high quality care that meets the needs of children and families. For example, State/Territory agencies may use multiple funding sources to offer grants or contracts to programs to deliver services; a State/Territory may allow county/local government to use coordinated funding streams; or policies may be in place that allow local programs to layer CCDF funds with additional funding sources to pay for full-day, full-year child care that meets Early Head Start/Head Start or State/Territory pre-kindergarten requirements in addition to State/Territory child care licensing requirements. As a reminder, per the OMB Compliance Supplement governing audits (https://www.whitehouse.gov/omb/circulars/a133 compliance supplement 2014), CCDF funds may be used in collaborative efforts with Head Start (CFDA 93.600) programs to provide comprehensive child care and development services for children who are eligible for both programs. In fact, the coordination and collaboration between Head Start and the CCDF is mandated by sections 640(g)(2)(D) and (E), and 642(c) of the Head Start Act (42 USC 9835(g)(2)(D) and (E); 42 USC 9837(c)) in the provision of full working day, full calendar year comprehensive services (42 USC 9835(a)(5)(v)). In order to implement

such collaborative programs, which share, for example, space, equipment or materials, grantees may blend several funding streams so that seamless services are provided.

1.5.1 Will you combine CCDF funds with the funds for any program with which you coordinate (described in 1.4.1)?

Yes. If yes, describe at a minimum:

0	How do you define "combine"
0	Which funds will you combine
0	Goal(s) of combining funds (why?) and expected outcomes, such as extending the day or
	year of services available (i.e., full-day, full-year programming for working families),
	smoothing transitions for children, enhancing and aligning quality of services, linking
	comprehensive services to children in child care or developing the supply of child care for
	vulnerable populations
0	Method of fund allocation (how you will be combining multiple sets of funding, such as at
	the State/Territory level, local level, program level?) State level

How are the funds tracked and method of oversight \_\_\_\_

X No

# 1.6 Public-Private Partnerships

The CCDBG Act of 2014 adds a new provision that requires States and Territories to describe in the Plan how the State/Territory encourages partnerships among State/Territory and public agencies, tribal organizations, private entities, faith based organizations and/or community-based organizations to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services for children through age 12, such as by implementing voluntary shared services alliance models (i.e., cooperative agreement among providers to pool resources to pay for shared fixed costs and operation). (658E(c)(2)(P)) ACF expects these types of partnerships to leverage public and private resources to further the goals of reauthorization.

1.6.1 Describe the entities with whom and the levels at which the State/Territory is partnering (level – State/Territory, county/local, and/or programs), the goals of the partnerships, method of partnering. Include in your description examples of activities that have resulted from partnerships with other State/Territory and public agencies, tribal organizations, private entities, faith based organizations or community-based organizations, and how the partnerships are expected to leverage existing service delivery systems for child care and development services and to increase the supply and quality of child care services.

#### 1.7 Coordination with Local or Regional Child Care Resource and Referral Systems

States and Territories may use funds to establish or support a system of local or regional child care resource and referral organizations (CCR&R) that is coordinated, to the extent determined by the State/Territory, by a statewide public or private non-profit, community-based or regionally based, lead child care resource and referral organization (also see section 7.4). If they do, the law identifies specific requirements for that entity or system receiving CCDF funds. (658E(c)(3)(B)(iii)) These include:

- Provide families with information on a full range of child care options (including faith-based, community-based child care centers and family child care homes, nontraditional hours and emergency child care centers) in their local area or region
- To the extent practicable, work directly with families who receive child care assistance to
  offer the families support and assistance in making an informed decision about child care
  options in an effort to ensure families are enrolling their children in the most appropriate
  child care setting to suit their needs and that is of high quality as determined by the
  State/Territory
- Collect data and provide information on the coordination of services and supports, including services provided through the Individuals with Disabilities Education Act for children with disabilities
- Collect data and provide information on the supply of and demand for child care services in local areas or regions of the State/Territory and submit such information to the State/Territory
- Work to establish partnerships with public agencies and private entities, including faithbased and community-based child care centers and family child care homes providers, to increase the supply and quality of child care services in the State/Territory
- As appropriate, coordinate their activities with the activities of the Lead Agency and/or local agencies that administer CCDF.

Nothing in statute prohibits States from using CCR&R agencies to conduct or provide additional services beyond those required by statute above.

1.7.1 Does the State/Territory fund a system of local or regional CCR&R organizations?

X Yes. The State/Territory funds a CCR&R system. See also related follow-up questions in Section 7.1 and 7.4. If yes,

Describe the State/Territory's written agreement or contract with the CCR&R, what services are provided through the CCR&R, and any other activities for which the State partners with the CCR&Rs. Missouri's Department of Social Services contracts with Child Care Aware of Missouri to provide child care resource, referral, and training services, reaching all 115 counties in Missouri. Child Care Aware serves as a community resource for child care and related issues by helping families find and access quality, affordable child care, pre-school, and after-school programs; consumer education; and provides training consultation, coordination and facilitation to child care and early learning program owners, directors, and teachers to improve the quality of their programs. In addition, Child Care Aware provides information to business and civic leaders about the value and importance of child care and collaborates and partners with them to make child care safe and enriching for all children and to increase the capacity for child care.

Child Care Aware has an online child care search database that allows families to independently search for child care and early learning programs that best suits their family's needs by offering

them a variety of child care settings to choose from. Child Care Aware also provides verbal or written consumer education information and provides face-to-face services dependent on the families preference. Some of the information provided includes different types of child care options available, a range of child care costs in relation to geographic area, age of child, and child care option sought by the family, health and safety requirements for providers as well as where to locate the licensing regulations and how to review provider files and monitoring inspection results. Child Care Aware also provides inclusion support services through the provision of information and referrals as requested and refers families for parenting education, child care assistance, health insurance assistance, and other benefit programs for low-income families.

Child Care Aware also provides and operates an Internet-based training calendar application for training and education that is available for child care providers. Child Care Aware maintains data on an on-going basis for all areas of services and provides this to the Department of Social Services on a quarterly and annual basis.

□ No. The State/Territory does not fund a CCR&R system and has no plans to establish. Use section 7.4 to describe plans, if any, to establish a CCR&R system.

#### 1.8 Disaster Preparedness and Response Plan

The CCDBG Act of 2014 added a requirement that States and Territories must include a <u>Statewide Child Care Disaster Plan</u> for coordination of activities with the State/Territory human services agency, emergency management agency, child care licensing agency, State/Territory local resource and referral agencies, and the State Advisory Council (SAC) or other state-designated cross-agency body if there is no SAC. (658E(c)(2)(U)) The Statewide Child Care Disaster Plan must include:

- Guidelines for continuing CCDF assistance and child care services after a disaster, which may
  include provision of temporary child care, and temporary operating standards for child care
  after a disaster.
- Requirements that child care providers receiving CCDF have in place procedures for evacuation, relocation, shelter-in-place, lock-down, communication and reunification with families, continuity of operations, accommodation of infants and toddlers, children with disabilities, and children with chronic medical conditions.
- Requirements that child care providers receiving CCDF have in place procedures for staff and volunteer emergency preparedness training and practice drills.

	1.8.1	Describe the status of	State/	Territory	's Statewide	e Child	Care Disaster F	Plan
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Fully implemented and meeting all Federal requirements outlined above. If applicable, describe
additional ways the State/Territory addresses the needs of children receiving CCDF before,
during and after a disaster or emergency, not already incorporated into the Statewide Child Care
Disaster Plan. If available, please provide a link to the disaster plan

X Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September

30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses here will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) <u>September 30, 2016</u>
  - Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) MO Statewide Child Care Disaster Plan is substantially implemented (https://dss.mo.gov/cd/childcare/pdf/missouri-childcare-disaster-plan.pdf).
  - Implementation progress to date Identify any requirement(s) partially or substantially implemented: Missouri's Child Care Disaster Plan addresses continuing CCDF assistance and child care services after a disaster, provisions for temporary child care, and temporary operating standards for child care after a disaster. Licensed child care providers are required to complete Disaster and Emergency Preparedness training are required by state regulation to have a plan for preparing for and emergency and responding to a disaster.
  - Unmet requirement Identify the requirement(s) not fully implemented
     Regulations are drafted and in process of review to be promulgated to
     require license exempt and non-regulated child care providers receiving state
     or federal child care subsidy funds to complete training in disaster and
     emergency preparedness and have a plan that addresses procedures for
     evacuation, relocation, shelter-in-place, lock-down, communication and
     reunification with families, continuity of operations, accommodation of infants and
     toddlers, children with disabilities, and children with chronic medical conditions.
  - Tasks/Activities What specific steps will you take to implement the unmet requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
    - Promulgate rules for child care providers to complete training and prepare disaster and emergency preparedness plans,
    - Revise child care subsidy agreements,
    - Develop policy for monitoring completion of training and planning,
    - Modify contracts with Educare service providers to incorporate support in completing plans, and
    - Modify contract with CCRRT provider to include training on training calendar and provide resource materials on disaster and emergency preparedness planning.
  - Projected start date for each activity
    - Promulgate rules for child care providers to complete training and prepare disaster and emergency preparedness plan – June 2015
    - o Revise child care subsidy agreements January 2016

- Develop policy for monitoring completion of training and planning –
   October 2015,
- Modify contracts with Educare service providers to incorporate support in completing plans – January 2016
- Modify contract with CCRRT provider to include training on training calendar and provide resource materials on disaster and emergency preparedness planning – January 2016.
- Projected end date for each activity
  - Promulgate rules for child care providers to complete training and prepare disaster and emergency preparedness plan – September 2016
  - o Revise child care subsidy agreements June 30, 2016
  - Develop policy for monitoring completion of training and planning –
     September 2016.
  - Modify contracts with Educare service providers to incorporate support in completing plans – June 30, 2016
  - Modify contract with CCRRT provider to include training on training calendar and provide resource materials on disaster and emergency preparedness planning – June 30, 2016
- Agency Who is responsible for complete implementation of this activity
  - Promulgate rules for child care providers to complete training and prepare disaster and emergency preparedness plan – Lead Agency
  - Revise child care subsidy agreements Lead Agency
  - Develop policy for monitoring completion of training and planning Lead
     Agency
  - Modify contracts with Educare service providers to incorporate support in completing plans – Lead Agency
  - Modify contract with CCRRT provider to include training on training calendar and provide resource materials on disaster and emergency preparedness planning – Lead Agency
- Partners Who is the responsible agency partnering with the State/Territory Lead
   Agency to complete implementation of this activity
  - Promulgate rules for child care providers to complete training and prepare disaster and emergency preparedness plan – Lead Agency
  - Revise child care subsidy agreements Subsidized Child Care Providers
  - Develop policy for monitoring completion of training and planning Lead
     Agency
  - Modify contracts with Educare service providers to incorporate support in completing plans –Educare contractors
  - Modify contract with CCRRT provider to include training on training calendar and provide resource materials on disaster and emergency

<u>preparedness planning – Child Care Aware of MO, Missouri's child care resource, referral and training provider.</u>

# 2 Promote Family Engagement through Outreach and Consumer Education

Parents are their children's most important teacher and advocate. State and Territory child care systems interact with parents in multiple ways, therefore presenting many opportunities to engage and inform families. Child care providers can serve as convenient and trusted sources of information for parents and family members on child development and community supports and services. State/Territory and local child care assistance systems should be designed to promote seamless linkages to useful information and other child- and family-services, such as during subsidy intake and redetermination processes and when parents utilize child care resource and referral or QRIS agencies. Outreach and consumer education is an ongoing process and is expected to cover the entire age span covered by CCDF from birth through age 12.

The CCDBG Act of 2014 includes key purposes that address the role of parents as child care consumers who need information to make informed choices regarding the services that best suit their needs. A new purpose of CCDBG is to "promote involvement by parents and family members in the development of their children in child care settings." States and Territories have the opportunity to consider how information can be provided to parents through the child care assistance system, partner agencies, and child care sites that will support their role as their children's teacher and advocate. Key new provisions include:

- The plan must certify that States and Territories will collect and disseminate consumer and provider education information to CCDF parents, providers, and the general public, including information about:
  - a) the availability of child care assistance,
  - b) the quality of child care providers (if available),
  - c) Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
  - d) Individuals with Disabilities Education Act (IDEA) programs and services,
  - e) Research and best practices in child development, and
  - f) State/Territory policies regarding social- emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on the expulsion of preschool-aged children (children from birth to five for purposes of this requirement) from early childhood programs receiving CCDF.
- Information related to the health and safety of children in child care settings. The plan must certify that the State/Territory will make public certain information about the results of health and safety monitoring (described in section 5) using a website that is consumer-friendly and in an easily accessible format, including:
  - a) Provider-specific information: 1) results of monitoring and inspection reports, including those due to major substantiated complaints; 2) last date of inspection; and 3) information on corrective actions taken (if applicable).

- b) Aggregate annual information about: 1) the annual number of deaths; 2) the annual number of serious injuries; and 3) annual number of incidences of substantiated child abuse in child care settings.
- c) State/Territory processes for: 1) licensing child care providers; 2) conducting background checks and the offenses that would keep a provider from being allowed to care for children; and 3) conducting monitoring and inspections of child care providers.

#### 2.1 Information about Child Care Financial Assistance Program Availability and Application Process

Lead Agencies must inform parents of eligible children and the general public of the process by which they can apply for and potentially receive child care assistance services. (658E(c)(2)(E)(i)(1))

- 2.1.1 Describe how the State/Territory informs families of availability of services.
  - a) How does the State/Territory identify populations and areas of potentially eligible families (e.g., using available federal, State/Territory and local needs assessments to identify potentially eligible families?) Eligible families are identified through local social service agencies, community resource fairs and outreach agencies, and local Workforce Investment Boards.
  - b) What partners help with outreach? For example, child care resource and referral agencies, home visitors, pediatricians, faith-based services, State/Territory or local agencies and organizations or other familiar and safe access points serving vulnerable or low-income populations. The Early Childhood and Prevention Services Section (ECPSS) of the Missouri Department of Social Services, Children's Division, has contracted with Child Care Aware of Missouri for our resource and referral agency. ECPSS has partnered with Workforce Investment Boards across the State of Missouri to help facilitate applying for child care subsidy. Information training sessions have been held and will continue to be held with community partners to assist participants in applying for child care subsidy. The training sessions provide educational information to social service case managers and social workers on the application process and required verification to process the application. This allows those working directly with families, who may be eligible for child care assistance, to have support during the application process.
  - c) What outreach strategies does the Lead Agency use (e.g., media campaigns, State/Territory website, or other electronic outreach? Information regarding the child care subsidy program for the State of Missouri is available on the state's website at: www.dss.mo.gov. Information regarding income guidelines, provider rates and other resources are available online. There is also a child care brochure for the child care program and the transitional child care program.
- 2.1.2 How can parents apply for services? Check all that apply.
  - X Electronically via online application, mobile app or email. Provide link <u>Beginning in January 2016</u>, individuals will be able to submit an application for child care subsidy on line. <u>Currently the application is available in a PDF version to download for completion.</u>
  - X In-person interview or orientation. Describe agencies where these may occur <u>Individuals</u> applying for child care are required to complete an interview. The interview may be in person at the local county Family Support Division office.

Χ	Phone
Х	Mail
	At the child care site At a child care resource and referral agency Through kiosks or online portals at related State/Territory/local agency or organization serving low-income populations. Describe

- X Through a coordinated application process (e.g., application is linked to other benefits program to allow parents to apply for several programs at one time). Describe <u>Individuals may apply for child care services through the Family Support Division when making application for TANF, SNAP, or state Medicaid.</u>
- X Other strategies. Describe <u>Currently the Lead Agency is conducting a pilot project with 10 of the 14 Local Workforce Investment Boards</u>. WIB staff will assist participants with the child <u>care application process within their local office and will forward to Family Support Division Child Care Processing Center through a designated e-mail. This process will streamline and <u>expedite the completion of the child care application process</u>.</u>

#### 2.2 Consumer and Provider Education Information

The CCDBG Act of 2014 added a purpose of the child care program "to promote involvement by parents and family members in the development of their children in child care settings." (658A(b)(3)) The consumer education requirements address multiple topics that parents and family members need in order to make informed choices and act as their most important teacher and advocate. Lead agencies must certify that they will collect and disseminate the following information through resource and referral agencies or other means. (658E(c)(2)(E))

- 2.2.1 The State/Territory certifies that it collects and disseminates the following information to parents, providers and the general public:
  - Information about the availability of the full diversity of child care services that will promote informed child care choices,
  - Availability of child care assistance,
  - Quality of child care providers (if available),
  - Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify,
  - Individuals with Disabilities Education Act (IDEA) programs and services,
  - Research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement,

- State/Territory policies regarding the social-emotional/behavioral and early childhood mental health of
  young children, which may include positive behavioral intervention and support models, and policies on
  expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in
  early childhood programs receiving CCDF.
  - ☐ Yes. The State/Territory certifies that it collects and disseminates the above information to parents, providers and the general public. Describe using 2.2.2 through 2.2.8 below.
  - X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
  - Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) <u>Partially implemented</u>.
- Implementation progress to date Identify any requirement(s) partially or substantially implemented
  - Information about the availability of the full diversity of child care services that will promote informed child care choices is fully implemented through the Lead Agency's resource, referral and training statewide contract with Child Care Aware of MO.
  - Availability of child care assistance is partially implemented; information on the availability of child care assistance will be placed on additional public and private websites by 9/30/2016.
  - Information regarding Individuals with Disabilities Education Act (IDEA) programs and services
    is partially implemented. The Department of Elementary and Secondary Education provides
    information on IDEA at http://dese.mo.gov/search-mogov/DESE%2BIDEA%2B2004%2BDiscipline%2BChecklist. The Lead Agency's website will be
    updated by 09/30/2016 to include a link to the DESE website.
  - Consumer education on research and best practices in child development, including all domains of early childhood development, including social and emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement is made available through current agreements with the Department of Elementary and Secondary Education (develop and train on Early Learning Guidelines), Educare contractors provide information to providers on all domains of early childhood development, Opportunities in a Professional Education Network and Child Care Aware of MO provide links for Missouri's early learning guidelines. ParentLink offers a resource library, an 800 number for parents, providers and general public to make inquiries on all domains of child development. Additional implementation on the Early Learning Guidelines will be

<u>addressed in the FFY-17 MOU with Department of Elementary and Secondary Education.</u>

- Unmet requirement Identify the requirement(s) not fully implemented
  - Quality of child care providers (if available): N/A
  - Other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify is not fully implemented.
  - State policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (children from birth to five for purposes of this requirement)) in early childhood programs receiving CCDF: not fully implemented.
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - The Lead Agency will amend contracts and MOUs with: Department of Health and Senior Services; Department of Elementary and Secondary Education; Child Care Aware of MO; MO Head Start Association; MO Head Start State Collaboration Office; ParentLink (parenting information organization) and Educare contractors to place links on their websites and distribute informational materials on other programs (specifically Temporary Assistance for Needy Families (TANF), Head Start and Early Head Start, Low-Income Home Energy Assistance Program (LIHEAP), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC) program, Child and Adult Care Food Program (CACFP), Medicaid and State Children's Health Insurance Program (SCHIP)) for which families may also qualify.
  - The Lead Agency is in the process of developing policy related to the expulsion of preschool-aged children in programs receiving CCDF funds in collaboration with the Early Childhood Interagency Team. Regulations will be developed based on the defined policy and submitted for promulgation. Child Care Subsidy contracts will be revised requiring providers to adhere to the expulsion policy. Complaints on providers not adhering to the policy will be accepted for investigation by the Lead Agency.
  - Projected start date for each activity <u>Consumer Education on other programs families may also</u> qualify:
    - o Memorandums of Understanding (MOUs) with state departments for FFY-17:
      - Lead Agency drafts beginning January 2016;
      - Draft MOUs are presented to state departments August 2016;

- Lead Agency drafts beginning January 2016;
- Amendments sent to providers June 2016;
- Policy related to the expulsion of preschool-aged children in programs receiving CCDF funds:
  - December 2015 Policy defined by Early Childhood Interagency Team:;
  - January 2016Regulations submitted for review for promulgation;
  - April 2016 Child Care Subsidy contracts revised;
  - October 2016, Training for subsidy child care providers on the policy regarding expulsion of pre-school age children developed and added to CCRRT training calendar.
- Projected end date for each activity
  - o Final MOUs implemented October 1, 2016
  - o Contract amendments implemented July 1, 2016.
  - Policy related to the expulsion of preschool-aged children in programs receiving
     CCDF funds implemented October 1, 2016
    - Agency Who is responsible for complete implementation of this activity
      - Memorandums of Understanding (MOUs) with state departments for FFY-17 – Lead Agency
      - Service Provider Contract Amendments for SFY-17 Lead Agency
      - Policy related to the expulsion of preschool-aged children in programs receiving CCDF funds:
    - Partners Who is the responsible agency partnering with to complete implementation of this activity
      - Memorandums of Understanding (MOUs) with state departments for FFY-17-
      - Service Provider Contract Amendments for SFY-17:
      - Policy related to the expulsion of preschool-aged children in programs receiving CCDF funds:
- 2.2.2 Describe how the State/Territory makes information available about the full diversity of child care services that will promote informed child care choices, including consumer-friendly strategies such as materials that are culturally responsive and in multiple languages as needed that reflect the literacy levels of consumers, and are easy to access.
  - a) Describe how the State/Territory makes information about the full diversity of child care services available to parents of eligible children, providers and the general public The Lead Agency contracts for child care resource, referral, and training services through, Child Care Aware of Missouri. Child Care Aware of MO provides, via phone or on-line search, information and consumer education to individuals of all income levels in order to select the best child care options for their child, their work locations/schedules, and their family's needs. Child Care Aware ensures that families are well-informed about and assisted in finding high quality child care arrangements appropriate for the child. They make printed materials available at approximately 6th to 8th grade reading levels.

Child Care Aware of Missouri provides a consumer education information packet to all families who call or come into an affiliated office for child care information. The packet includes Information on: indicators of quality child care; range of child care cost; child care options available (types of facilities, licensed, license exempt, unlicensed, registered, accredited, etc.); other family or child care-related issues; child care assistance programs; inclusion of children with special needs; MoHealthNet health insurance programs; and the child care subsidy program.

Child Care Aware of Missouri has an online presence via a website and other social media.

The Department of Social Services and the Lead Agency have an internet presence consisting of multiple information pages, brochures, frequently asked questions and answers, the application/eligibility statement, and links to partnering agencies. The home page URL is http://dss.mo.gov/cd/childcare/.

The Family Support Division (FSD) Income Maintenance Unit (intake and eligibility for subsidy) has offices in each county of Missouri offering face-to-face customer service and program information from front line staff and a brochure about the Child Care Assistance Program. FSD also operates a customer information call center.

- b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Written materials on the child care subsidy program are available through the Lead Agency and the Family Support Division. The Department of Social Services and their divisions, which includes the Lead Agency, has a website offering information on early childhood and income support programs. The Family Support Division has an office in every county that offeres direct communication to individuals applying for services or general information to the public. In addition the Lead Agency's resource, referral and training provider has information available through their website, social media, phone and regional offices.
- c) Describe who you partner with to make information about the full diversity of child care choices available The Lead Agency partners with Child Care Aware of Missouri, the Family Support Division, the Department of Health and Senior Services, Section for Child Care Regulation and the Workforce Investment Boards.
- 2.2.3 Describe how the State/Territory makes information about the quality (such as through a quality rating and improvement system, if available, nationally-recognized accreditation, or other means) of child care services available to the public, including consumer-friendly strategies such as messages that are designed to engage intended audiences and are easy to understand
  - a) Describe how the State/Territory makes information about child care quality available to parents of eligible children, providers and the general public  $\underline{N/A}$
  - b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) N/A
  - c) Describe who you partner with to make information about child care quality available N/A
- 2.2.4 Describe how the State/Territory shares information with eligible parents about other available human service programs. For example, does the State/Territory share information about these other programs

through linkages from the online application, universal applications, through intake process/front line workers, providers, child care resource and referral agencies or other trusted advisors such as home visitors, pediatricians, faith-based services, etc.? At a minimum, include in your description how you provide information to eligible parents, what you provide and by what methods, and which partners you work with to provide information about other available service programs.

- a) Temporary Assistance for Needy Families (TANF) <u>Family Support Division (FSD) provides</u> information through an intake process; in person, by mail, on the web, and via a call center. Every county has an FSD resource center and/or customer service center with front line workers. The Child Care Aware of Missouri contract requires families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.
- b) Head Start and Early Head Start Programs <u>The Lead Agency works closely in partnership with</u>
  the Missouri Head Start State Collaboration Office and the Missouri Head Start Association.
  The Family Support Division provides a monthly listing of subsidy eligible children to Head
  Start providers. The Children's Division local offices (per judicial circuits) have
  Memorandums of Understanding with local Head Start providers outlining collaboration
  and partnership.
- c) Low Income Home Energy Assistance Program (LIHEAP) <u>LIHEAP is administered by the Family Support Division through contracts with local community action agencies. Information on the program is available through the contracted agencies and on the Family Support Division website.</u>
- d) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Family Support Division (FSD) provides information through an intake process; in person, by mail, on the web, and via a call center. Every county has an FSD resource center and/or customer service center with front line workers. The Child Care Aware of Missouri contract requires families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.
- e) Women, Infants, and Children Program (WIC) <u>WIC certification and nutrition services are offered</u>
  by 111 contracted local agencies, operating at approximately 242 clinics throughout the state.

  Oversight by Missouri Department of Health and Senior Services with information provided by

  <u>TEL-LINK</u>, the Missouri Department of Health and Senior Services toll-free information and
  referral line for maternal and child health care.
  - f) Child and Adult Care Food Program(CACFP) <u>CACFP is administered by the Community Food and Nutrition Assistance in the Missouri Department of Health and Senior Services. Information is provided in publications, on the web, and various outreach opportunities and</u>

- information provided by TEL-LINK, the Missouri Department of Health and Senior Services toll-free information and referral line for maternal and child health.
- g) Medicaid Family Support Division (FSD) provides information through an intake process; in person, by mail, on the web, and via a call center. Every county has an FSD resource center and/or customer service center with front line workers. The Child Care Aware of Missouri contract requires families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.
- h) \_\_Children's Health Insurance Program (CHIP) \_\_Family Support Division (FSD) provides information through an intake process; in person, by mail, on the web, and via a call center. Every county has an FSD resource center and/or customer service center with front line workers. The Child Care Aware of Missouri contract requires families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.
- i) \_\_Individuals with Disabilities Education Act (IDEA) <u>Department of Elementary and Secondary</u>
  Education (DESE) Office of Special Education implements services under IDEA. <u>DESE</u>
  provides information on IDEA and special education services on its website.
- j) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)
- k) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) MO Early Childhood Comprehensive Systems provides information on home visiting programs through the Department of Health and Senior Services website.
- 2.2.5 Describe how the State/Territory shares information with providers (where applicable) to link families to these other available human service programs. For example, does the State/Territory provide information to providers through CCR&R outreach, as a condition of their contract or voucher agreement, through community-based hub agencies that partner with subsidy providers, county/local collaboration, through quality rating and improvements systems, etc.?
  - Temporary Assistance for Needy Families (TANF) <u>Every county has an FSD resource center</u> and/or customer service center with front line workers and has a statewide call center. The <u>Child Care Aware of Missouri contract will require families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.</u>

m) Head Start and Early Head Start Programs The Lead Agency works closely in partnership with the Missouri Head Start State Collaboration Office and the Missouri Head Start Association. The Family Support Division provides a monthly listing of subsidy eligible children to Head Start providers. The Children's Division local offices (per judicial circuits) have Memorandums of Understanding with local Head Start providers outlining collaboration and partnership.

- n) Low Income Home Energy Assistance Program (LIHEAP) <u>LIHEAP is administered by the Family Support Division through contracts with local community action agencies. Information on the program is available through the contracted agencies and on the Family Support Division website.</u>
- O) Supplemental Nutrition Assistance Programs (SNAP- formerly known as Food Stamps) Family Support Division (FSD) provides information through an intake process; in person, by mail, on the web, and via a call center. Every county has an FSD resource center and/or customer service center with front line workers. The Child Care Aware of Missouri contract requires families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.
- p) Women, Infants, and Children Program (WIC) <u>WIC certification and nutrition services are offered by 111 contracted local agencies, operating at approximately 242 clinics throughout the state.</u>
  Oversight by Missouri Department of Health and Senior Services with information provided by <u>TEL-LINK</u>, the Missouri Department of Health and Senior Services toll-free information and <u>referral line for maternal and child health care.</u>
  - q) Child and Adult Care Food Program(CACFP) CACFP is administered by the Community Food and Nutrition Assistance in the Missouri Department of Health and Senior Services. Information is provided in publications, on the web, and various outreach opportunities and information provided by TEL-LINK, the Missouri Department of Health and Senior Services toll-free information and referral line for maternal and child health.
  - r) Medicaid Family Support Division (FSD) provides information through an intake process; in person, by mail, on the web, and via a call center. Every county has an FSD resource center and/or customer service center with front line workers. The Child Care Aware of Missouri contract requires families to be referred to the Family Support Division for other benefit programs for which the family may be eligible.
  - s) \_\_Children's Health Insurance Program (CHIP) \_\_\_\_Individuals with Disabilities Education Act (IDEA) Department of Elementary and Secondary Education (DESE) Office of Special Education implements services under IDEA. DESE provides information on IDEA and special education services on its website.
  - t) Other State/Federally Funded Child Care Programs (e.g., state pre-kindergarten)
  - u) Other early childhood programs (e.g., Maternal, Infant, and Early Childhood Home Visiting program) MO Early Childhood Comprehensive Systems provides information on home visiting programs through the Department of Health and Senior Services website.
- 2.2.6 Describe how the State/Territory makes available information to parents of eligible children, the general public, and where applicable, providers (see also section 6) about research and best practices in child development, including all domains of early childhood development, including social and

emotional development, cognitive, and physical health and development (particularly healthy eating and physical activity), and meaningful parent and family engagement. (658E(c)(2)(E)(VI))

a) Describe how the State/Territory makes information about research and best practices in child development available to parents of eligible children, providers and the general public <a href="The Lead Agency contracts">The Lead Agency contracts with ParentLink: A WarmLine that provides quality parenting information, materials, and other resources, such as research-related literature, educational brochures, and lending library items, and services, such as outreach activities and support groups to proactively strengthen and support Missouri's families and communities. The website is <a href="http://education.missouri.edu/orgs/parentlink/">http://education.missouri.edu/orgs/parentlink/</a>

The DSS Educare program sits within Universities or Community Partnerships and we coordinate with them to provide technical assistance and training to our registered family home child care providers. The program provides free on-site training for providers and may fund providers to attend other trainings. The program also provides training to unlicensed child care providers.

The Child Care Health and Safety Consultation program, funded through a memorandum of understanding with the Department of Health and Senior Services, supports local public health agencies' health professionals to provide consultation and/or education to all child care providers related to health issues in child care settings, and health promotion activities to children in child care.

Child Care Aware® of Missouri, contracted as the resource and referral agency, provides parenting resources, provider resources, training, and general information based on research and best practices.

b) Describe what you provide and how (i.e., methods such as written materials, direct communication, etc.) Free information (including books, videotapes, DVDs, and curricula) about parenting is available through the ParentLink Loan Library. The materials cover topics like general parenting concerns, developmental stages, teen pregnancy, substance abuse, discipline techniques, toilet training, children with special needs, and grandparents raising grandchildren. ParentLink has an online library catalog. Requests for materials are made through the toll free number.

WarmLine professionals have their Masters Degrees in human service fields such as Human Development and Family Studies, Social Work, and Education and Counseling Psychology and can visit with people who need assistance in thinking through solutions to parenting concerns or questions. ParentLink can also be reached by a toll free number, email, text message, social media, online, or in person. ParentLink also facilitates a "Grandparents Raising Grandchildren Support Group" once a month.

Educare contractors provide free on-site training and comprehensive childhood programming in every Missouri county to support children's development and strengthen families using a specified research-based curriculum or resource. Educare contractors also facilitate support groups for providers.

The Child Care Health and Safety Consultation program's health professionals provide consultation and education to providers on more than 18 topics relating to health issues and health promotion activities.

<u>Child Care Aware® of Missouri provides face-to-face and online training in a wide variety of topics to child care and early learning program owners, directors, and teachers to improve the quality of their programs.</u>

- c) Describe who you partner with to make information about research and best practices in child development available ParentLink is a grant-funded educational organization of the University of Missouri's College of Education. Their services are free to all adults in Missouri.
  - <u>Educare is a state-funded initiative that provides resources, technical assistance and training opportunities, at free or reduced costs, to child care providers in every county with an emphasis on family home providers.</u>

The Child Care Health and Safety Consultation program is a collaborative project between the Missouri Department of Health and Senior Services and the Local Public Health Agencies throughout Missouri to provide child care health consultation services to child care providers. It is supported in part by special grants from the U.S. Department for Health and Human Services, Child Care and Maternal and Child Health Bureaus. Local Health Departments provide most child care consultation, training, and education resources at no cost.

<u>Child Care Aware® of Missouri is the contracted child care resource and referral agency that coordinates the activities and services of its Network Member Agencies across all 115 counties in Missouri.</u>

- 2.2.7 Describe how information on the State/Territory's policies regarding the social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention and support models, and policies on expulsion of preschool-aged children (from birth to five for purposes of this requirement), in early childhood programs receiving CCDF is collected and disseminated to parents, providers and the general public. (658E(c)(2)(E)(i)(VII))
  - a) Describe how the State/Territory makes information regarding social-emotional/behavioral and early childhood mental health of young children, which may include positive behavioral intervention support models, available to parents of eligible children, providers and the general public. At minimum, describe what you provide (e.g., early childhood mental health consultation services to child care programs) and how (i.e., methods such as written materials, direct communication, etc.) for each group:
    - Parents: The Lead Agency makes information information on positive behavioral intervention support models to parents through contracts with ParentLink and Child Care Aware of Missouri.
    - Providers: The Lead Agency makes information information on positive behavioral intervention support models to providers through contracts with ParentLink, Child Care Aware of Missouri, Educare providers, and Child Care Health and Safety Consultation program
    - ii. General public: The Lead Agency makes information on positive behavioral intervention support models to the general public through contracts with ParentLink, Child Care Aware of Missouri, Educare providers, and Child Care Health and Safety Consultation program

	b) c)	early c may ac Child C progra	hildhood ccess info care Awa m	artners used to make information regarding social-emotional/behavioral and mental health of young children available Parents, providers and general public ormation on positive behavioral intervention support models through ParentLink, re of Missouri, Educare providers, and Child Care Health and Safety Consultation have a written policy regarding preventing expulsion of:
				ool-aged children (from birth to five) in early childhood programs receiving child sistance?
				Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link
			Х	No.
			School-	age children from programs receiving child care assistance?
				Yes. If yes, describe how the State/Territory makes information about that policy available to parents, providers and the general public (what you provide, how you provide and any partners used) and provide a link
			Χ	No.
2.2.8	Coord	ination	with Oth	er Partners to Increase Access to Developmental Screenings
The State/Territory must develop and describe procedures for providing information on and refer families to existing developmental screening resources and services. (658E(c)(2)E(ii)) At a minimum State/Territory must establish procedures to provide information to families and child care provide (1) Early and Periodic Screening, Diagnosis, and Treatment program under the Medicaid program out under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening services available under section 619 and part C of the Individuals with Disabilities Education Act (2 U.S.C. 1419, 1431 et seq.); and (2) a description of how a family or child care provider receiving C may utilize the resources and services to obtain developmental screenings for children receiving who may be at risk for cognitive or other developmental delays, which may include social, emotion physical, or linguistic delays. Describe the status of the State/Territory's procedures for providing information on and referring families to existing developmental screening services.				elopmental screening resources and services. (658E(c)(2)E(ii)) At a minimum, the tablish procedures to provide information to families and child care providers on: creening, Diagnosis, and Treatment program under the Medicaid program carried he Social Security Act (42 U.S.C. 1396 et seq.) and developmental screening resection 619 and part C of the Individuals with Disabilities Education Act (20 q.); and (2) a description of how a family or child care provider receiving CCDF es and services to obtain developmental screenings for children receiving CCDF cognitive or other developmental delays, which may include social, emotional, elays. Describe the status of the State/Territory's procedures for providing
				mented and meeting all Federal requirements outlined above. List the Lead icy citation(s) and:
				procedures, including timelines for when infants, toddlers and preschoolers creened
		res	sources a	how CCDF families or child care providers receiving CCDF may utilize the and services to obtain developmental screenings for CCDF children at risk for rother developmental delays

- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) <u>09/30/2016</u>
- Current Status Describe the State/Territory's status toward completion implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Not yet started. Procedures to provide information and processes for families to receive an Early and Periodic Screening, Diagnosis, and Treatment and developmental screening services under section 619 and part C of IDEA will be developed in cooperation with the Family Support Division, MO HealthNet, Department of Elementary and Secondary Education, Department of Health and Senior Services, Department of Mental Health, Child Care Aware of Missouri, Educare providers and ParentLink. Information will be made available to parents, providers and general public through websites of the Lead Agency, child care resource, referral and training provider, Educare contractors, and ParentLink, written materials in English and Spanish will be developed to provide to community based service providers for distribution. Information on EPSDT and IDEA screenings will be added to the WarmLine (800 number) of ParentLink.

0	Implementation progress to date – Identify any requirement(s) partially or
	substantially implemented

- Unmet requirement Identify the requirement(s) not fully implemented <u>Procedures</u>
   <u>to provide information and processes for families to receive an Early and Periodic</u>
   <u>Screening, Diagnosis, and Treatment and developmental screening services under section 619 and part C of IDEA.</u>
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)
  - Establish workgroup with representatives from Family Support Division, MO
     HealthNet, Department of Elementary and Secondary Education, Department
     of Health and Senior Services, Department of Mental Health, Child Care
     Aware of Missouri, Educare providers and ParentLink to identify existing
     procedures and develop additional procedures to provide information to
     families and providers on developmental screening services through EPSDT
     and IDEA;
  - <u>Draft written and electronic materials for distribution to workgroups</u>
     <u>members' websites, local offices and local community based organizations.</u>

- <u>Distribute and post materials on procedures for families and providers on</u> <u>developmental screening services through EPSDT and IDEA.</u>
- Projected start date for each activity:
  - 01/01/2016 Establish workgroup with representatives from Family Support
     Division, MO HealthNet, Department of Elementary and Secondary

     Education, Department of Health and Senior Services, Department of Mental
     Health, Child Care Aware of Missouri, Educare providers and ParentLink to
     identify existing procedures and develop additional procedures to provide
     information to families and providers on developmental screening services
     through EPSDT and IDEA;
  - 03/31/2016 Draft written and electronic materials for distribution to workgroups members' websites, local offices and local community based organizations.
  - <u>07/01/2016 Distribute and post materials on procedures for families and providers on developmental screening services through EPSDT and IDEA.</u>
- Projected end date for each activity
  - 03/31/2016 Establish workgroup with representatives from Family Support
     Division, MO HealthNet, Department of Elementary and Secondary

     Education, Department of Health and Senior Services, Department of Mental
     Health, Child Care Aware of Missouri, Educare providers and ParentLink to
     identify existing procedures and develop additional procedures to provide
     information to families and providers on developmental screening services
     through EPSDT and IDEA;
  - 07/01/16 Draft written and electronic materials for distribution to workgroups members' websites, local offices and local community based organizations.
  - 09/30/16 Distribute and post materials on procedures for families and providers on developmental screening services through EPSDT and IDEA.
- Agency Who is responsible for complete implementation of this activity Lead Agency
- Partners Who is the responsible agency partnering with to complete implementation of this activity <u>Family Support Division</u>, <u>MO HealthNet</u>, <u>Department of Elementary and</u> <u>Secondary Education</u>, <u>Department of Health and Senior Services</u>, <u>Department of</u> Mental Health, Child Care Aware of Missouri, Educare providers and ParentLink.
- 2.2.9 Describe how the State/Territory meets the requirement to maintain a record of substantiated parental complaints. (658E(c)(2)(C))
  - a) How does the State/Territory define substantiated parental complaint <u>A substantiated</u> complaint is any complaint in which the child care provider is in violation of a state or <u>federal regulation</u>.

- b) How does the State/Territory maintain a record of substantiated parental complaints about providers (e.g., how long are records maintained and in what format) <u>Substantiated</u> complaints are mainted in the provider's registration record and is maintained for 10 years.
- c) How does the State/Territory make substantiated parental complaints available to the public on request The public may request in writing information on substantiated complaints to the Lead Agency. The Lead Agency will follow up in writing to the requester with information on the complaint, reason complaint was substantiated and final action takend; which may include revocation of provider's registration or corrective action taken by the provider. Once the electronic system is finalized (projected 09/30/2016) all information will be available through the Lead Agency and the Department of Health and Senior Services child care website.
- d) Describe how the State/Territory defines and maintains complaints from others about providers <u>Complaints received from others are defined and maintained as complaints</u> received from parents.
- 2.2.10 How will the Lead Agency or partners provide outreach and services to eligible families for whom English is not their first language?

Check the strategies, if any, that your State/Territory has chosen to implement.
Application in other languages (application document, brochures, provider notices)
☐ Informational materials in non-English languages
Training and technical assistance in non-English languages
Website in non-English languages
Lead Agency accepts applications at local community-based locations
Bilingual caseworkers or translators available
Bilingual outreach workers
X Partnerships with community-based organizations
X Other <u>Lead Agency contracts with interpreter services</u>
None

2.2.11 If the Lead Agency checked any option above related to providing information or services in other non-English languages, please list the primary languages offered (top 3) or specify that the State/Territory has the ability to have translation/interpretation in all primary and secondary languages <u>Lead Agency</u> has the ability to have interpretation services in all primary and secondary languages.

#### 2.3 Website for Consumer Education

The CCDBG Act of 2014 added a requirement that States and Territories have a website describing the State/Territory processes for licensing and monitoring child care providers, processes for conducting criminal background checks as required by law (see section 5.3), and offenses that prevent individuals

from being child care providers, and aggregate information on the number of deaths, serious injuries and child abuse in child care settings.

The State/Territory also must make public certain information about the results of such monitoring as required by law for both licensed and unlicensed providers receiving CCDF (see section 5.2) on a website in a way that is consumer-friendly and in an easily accessible format. (658E(c)(2)(D)) In order for a website to be a useful tool for parents, it should be easy to navigate, with a minimum number of clicks, and in plain language. States and Territories must post the results of the monitoring and inspection reports on the website no later than November 19, 2017. All other components of the website must be completed no later than September 30, 2016.

2.3.1	Describe the sta	itus of State/Territory's consumer education website.
		ented and meeting all Federal requirements outlined above. Provide the link to the and describe how the consumer education website meets the requirements to:
	a)	Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe
	b)	Include a description of health and safety requirements and licensing or regulatory requirements for child care providers
	c)	Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers
	d)	Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings
	e)	Describe how the website is consumer-friendly, for example, allowing multiple ways to search for providers, defining terms such as exempt care and corrective action plans, presents the results of monitoring inspections in plain language, providing frequently asked questions, is accessible in multiple languages upon request, differentiating between violations based on risk to children, and easy to locate and
		navigate

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date. Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016 for all components of the website except posting the results of the monitoring on the website which is November 19, 2017) 09/30/2016
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, in progress, partially completed,

substantially completed, other). Implementation progress to date – Identify any requirement(s) partially or substantially implemented

- Share provider-specific information about health and safety, licensing or regulatory requirements met by the provider (including the last date of inspection, and any history of violations). Describe Substantially implemented. Provider specific information regarding inspections and the results for licensed child care providers may be accessed at Department of Health and Senior Services website:

  http://health.mo.gov/safety/childcare/index.php The plan is to add inspection and monitoring results for licensed exempt providers and providers not required to be licensed, who are receiving CCDF, to the web site. There will be a link from the Lead Agency's website to the
- Include a description of health and safety requirements and licensing or regulatory requirements for child care providers <u>Substantially implemented</u>. <u>The Department of Health and Senior Services website;</u> <a href="http://health.mo.gov/safety/childcare/index.php">http://health.mo.gov/safety/childcare/index.php</a>, provides information on health and safety requirements for licensed and religious in compliance license exempt providers. Information for other license exempt providers and providers not required to be licensed, who are receiving CCDF will be added to the Lead Agency's website with a link on the Department of Health and Senior Services website.
- Include a description of the processes for licensing, background checks, monitoring, and offenses that prevent individuals from being providers <u>Substantially implemented</u>. The Department of Health and Senior Services website; <a href="http://health.mo.gov/safety/childcare/index.php">http://health.mo.gov/safety/childcare/index.php</a>, provides information on background screenings for licensed and religious in compliance license exempt providers. Information for other license exempt providers and providers not required to be licensed, who are receiving CCDF will be added to the Lead Agency's website with a link on the Department of Health and Senior Services website.
- O Unmet Requirement(s) Identify the requirement(s) that is not fully implemented Provide annual aggregate information about the number of deaths, number of serious injuries as defined by the State/Territory and the number of incidences of substantiated child abuse in child care settings: <a href="Not implemented">Not implemented</a>. Aggregated information on the number of deaths, serious injuries and incidences of substantiated child abuse in child care settings will be placed on the Lead Agency's website and link to the information will be placed on the Department of Health and Senior Services and CCRRT websites.
- Tasks/Activities What specific steps will you take to implement the requirement
   (e.g., legislative or rule changes, modify agreements with coordinating agencies,
   etc.) Memorandum of Understanding (MOU) with the Department of Health and
   Senior Services (DHSS) will be modified to allow for inspection, monitoring and
   complaint information on license exempt and providers not required to be licensed,

who are receiving CCDF, to be added to the existing website that provides the above information on licensed providers.

- Projected start date for each activity:
  - 12-01-2015 Request level of effort from DHSS Information and Technology
     Services on the cost and length of time to add additional types of providers to inspections and complaints system.
  - <u>01/31/2015 Amend DHSS MOU to enhance inspection and complaint</u> system to allow for additional provider types and results.
  - 12-01-15 draft MOU between Lead Agency and DHSS for FFY-17 to include website links and access to licensing inspection system and complaint system to allow Lead Agency entry of inspection and monitoring results and substantiated complaints.
- Projected end date for each activity:
  - Request level of effort from DHSS Information and Technology Services on the cost and length of time to add additional types of providers to inspections and complaints system – 12/31/2015.
  - Amend DHSS MOU to enhance inspection and complaint system to allow for additional provider types and results – 04/30/2016.
  - Draft MOU between Lead Agency and DHSS for FFY-17 to include website links and access to licensing inspection system and complaint system to allow Lead Agency entry of inspection and monitoring results and substantiated complaints- 09/01/2016.
- Agency Who is responsible for complete implementation of this activity: <u>Lead</u>
   Agency
- Partners Who is the responsible agency partnering with to complete implementation of this activity <u>Department of Health and Senior Services</u>.

#### 3 Provide Stable Child Care Financial Assistance to Families

The expanded purposes of CCDBG highlight the opportunities States and Territories have to "deliver high-quality, coordinated early childhood care and education services to maximize parents' options and support parents trying to achieve independence from public assistance"; and "to improve child care and development of participating children." (658A(b)) Young children learn in the context of their relationships with adults, including their child care teacher or provider. The unintentional consequence of child care assistance that is linked to adult work and school obligation is that child care arrangements — and the opportunity for children to form trusting relationships with teachers — are often interrupted and unstable. Child care financial assistance policies that make it easier to get and keep assistance support continuity of care and relationships between the child and child care provider and enable parents to stay employed or complete training/education. Child care support that extends until families are able to pay the full cost of care themselves promotes longer lasting economic stability for families. CCDF funds may support families until they reach 85% of State Median Income (SMI).

The CCDBG Act of 2014 included requirements to establish minimum 12-month eligibility and redetermination periods, requiring that States and Territories have a process to account for irregular fluctuations in earnings, a policy ensuring that families' work schedules are not disrupted by program requirements, policies to provide for job search of not less than three (3) months, and to describe policies for graduated phase- out of assistance. The definition of an eligible child includes that a family's assets may not exceed \$1,000,000 (as certified by a member of such family). Procedures for enrollment of homeless children pending completion of documentation are also now required. There is nothing in statute to prohibit States from establishing policies that extend eligibility beyond 12 months or establish other similar policies to align program requirements that allow children enrolled in Head Start, Early Head Start, state or local pre-kindergarten and other collaborative programs to finish the program year and to promote continuity for families receiving services through multiple benefits programs.

# 3.1 Eligible Children and Families

At the point in time when eligibility is determined, children must (1) be under the age of 13, (2) reside with a family whose income does not exceed 85 percent of the State's median income for a family of the same size, and whose family assets do not exceed \$1,000,000 (as certified by a member of such family); and who (3)(a) resides with a parent or parents who are working or attending a job training or educational program; or (b) is receiving, or needs to receive, protective services and resides with a parent or parents not described in (3a.). (658P(4))

No.

a) The CCDF program	serves children f	om <u>0</u> (weeks/mo	onths/years) to 12 y	years 11 months (through	h age
12).					

b) Does the Lead Ager	ncy allow CCDI	F-funded child ca	re for children a	age 13 and above	but below age 19
years who are physica	Ily and/or me	ntally incapable	of self-care? (65	8E(c)(3)(B)), 658P	(3))

3.1.2 How does the Lead Agency define the following eligibility terms?

- a) residing with <u>residing in the same household with a parent or legal guardian or specified</u> <u>relative</u>
- b) in loco parentis the child's guardian or caretaker relative or any other person with whom a child lives who has assumed responsibility for the day-to-day care and custody of the child

#### Eligibility Criteria Based on Reason for Care 3.1.3

- a) How does the Lead Agency define "working, attending job training and education" for the purposes of eligibility at the point of determination? Provide a brief description below, including allowable activities and if a minimum number of hours is required by State/Territory (not a federal requirement).
  - working paid employment that does not include payment of income in kind
  - attending job training geared toward a specific type of employment
  - attending education participation and enrollment in general education development (GED) or adult education and literacy (AEL); participation and enrollment for coursework in English as a Second Language (ESL); participation and enrollment in elementary, junior high, or high school; post-secondary education with the intent to earn an associate degree or bachelor degree

•	ing participation alone (without additional minimum work requirements)?
	⊠ Yes.
	No. If no, describe additional requirements
c) Does	the Lead Agency provide child care to children in protective services?
<del></del>	es. If yes, how does the Lead Agency define "protective services" for the purposes of igibility? Provide a brief description below.
	1) Definition of protective services – <u>children who are receiving preventative services or treatment for child abuse or neglect</u>
	2) Does the Lead Agency waive the co-payment and income eligibility requirements for cases in which children receive, or need to receive, protective services on a case-by-case basis? (658E(c)(5))
	☐ Yes.
	No. – all sliding fees and co-pays are waived for protective services children
	<b>Note</b> – If the Lead Agency elects to provide CCDF-funded child care to children in foster care whose foster care parents are <u>not</u> working, or who are <u>not</u> in education/training activities for purposes of CCDF these children are considered to be in <u>protective services</u> and should be included in the protective services definition above.
□ N	lo
Eligibility Cr	iteria Based on Family Income

- 3.1.4
  - a) How does the Lead Agency define "income" for the purposes of eligibility at the point of determination?
    - Definition of income gross income is the average monthly amount of total income received by all members of the family unit before deductions, to include, but not limited to: wages, adjusted

gross income from self-employment, adjusted gross income from farm income, social security, dividends, interest, etc.

b) Provide the CCDF income eligibility limits in the table below. **Complete** columns (a) and (b) based upon maximum eligibility initial entry into the CCDF program. Complete columns (c) and (d) **ONLY IF** the Lead Agency is using income eligibility limits lower than 85% of the current SMI. Complete columns (e) and (f) with the maximum "exit" eligibility level if applicable and below the federal limit of 85% of current SMI. Note – If the income eligibility limits are not statewide, check here \_\_\_\_. Describe how many jurisdictions set their own income eligibility limits \_\_\_\_\_. Fill in the chart based on the most populous area of the state.

Family	(a)	(b)	(c)	(d)	(e)	(f)
Size						
	100% of	85% of State	(IF APPLICABLE)	(IF APPLICABLE)	(IF APPLICABLE)	(IF APPLICABLE)
	State Median	Median	\$/month	% of SMI	\$/month	% of SMI
	Income (SMI)	Income (SMI)	Maximum "Entry"	[Divide (c) by (a),	Maximum "Exit"	[Divide (e) by (a),
	(\$/month)	(\$/month)	Income Level if	multiply by 100]	Income Level if	multiply by 100]
		[Multiply (a)	lower than 85%	Income Level if	lower than 85%	Income Level if
		by 0.85]	Current SMI	lower than 85%	Current SMI	lower than 85%
				Current SMI		Current SMI
1	3475.00	2954.00	918.00	27%	1354.00	39%
2	4328.00	3679.00	1200.00	28%	1833.00	43%
3	5093.00	4329.00	1483.00	30%	2310.00	46%
4	5963.00	5069.00	1765.00	30%	2789.00	47%
5	5607.00	4766.00	2047.00	37%	3268.00	59%

**Reminder** - Income limits must be provided in terms of current State Median Income (SMI) (or Territory Median Income) even if federal poverty level is used in implementing the program. Federal <u>poverty guidelines</u> are available at <a href="http://aspe.hhs.gov/poverty/index.cfm">http://aspe.hhs.gov/poverty/index.cfm</a>.

- c) SMI Source and year http://www.census.gov/hhes/www/income/data/statemedian/ 2014
- d) These eligibility limits in column (c) became or will become effective on 08/01/2015
- e) Provide the link to the income eligibility limits <a href="http://dss.mo.gov/cd/childcare/pdf/child-care-income-guidelines.pdf">http://dss.mo.gov/cd/childcare/pdf/childcare/pdf/childcare-income-guidelines.pdf</a>; <a href="http://dss.mo.gov/cd/childcare/pdf/transitional-child-care-income-guidelines-2.pdf">http://dss.mo.gov/cd/childcare/pdf/transitional-child-care-income-guidelines-2.pdf</a>

#### 3.1.5 **Graduated Phase-Out of Assistance**

The CCDBG Act of 2014 added a provision that requires States and Territories to provide for a graduated phase-out of <u>assistance for families whose income has increased at the time of re-determination</u>, but remains below the federal threshold of 85% of State median income. Providing a graduated phase-out supports long-term family economic stability by allowing for wage growth and a tapered transition out of the child care subsidy program. (658E (c)(2)(N)(iv))

Describe the status of the State/Territory's policy regarding graduated phase-out of assistance.

X Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for graduated phase-out Active families reporting a change or reapplying for benefits before the end of the certification

period may qualify for Transitional Child Care . If the adjusted gross income exceeds 139% of					
poverty, but does not exceed 165% of poverty, the family will qualify for Transitional Child Care					
Level 1. Transitional Child Care Level 1 allows the family to remain eligible for 75% of the child					
care benefit to be paid. If the adjusted gross income exceeds 166% of poverty, but does not					
exceed 190% of poverty, the family will qualify for Transitional Child Care Level 2. Transitional					
Child Care Level 2 allows the family to remain eligible for 50% of the child care benefit to be					
paid.					
□ Not implemented. The State must provide a State-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary					
legislative or regulatory steps to complete, and target completion date (no later than					
September 30, 2016). Please provide brief text responses and descriptions only. Do not cut					
and paste tables here. Your responses here will be consolidated electronically into an					
Implementation Plan summary report.					
implementation rial summary report.					
<ul> <li>Overall Target Completion Date (no later than September 30, 2016)</li> </ul>					
<ul> <li>Current Status – Describe the State/Territory's status toward complete</li> </ul>					
implementation for any requirement(s) not fully implemented (not yet started,					
partially implemented, substantially implemented, other)					
<ul> <li>Implementation progress to date – Identify any requirement(s) partially or</li> </ul>					
substantially implemented					
<ul> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> </ul>					
<ul> <li>Tasks/Activities – What steps will you take to implement the requirement (e.g.,</li> </ul>					
legislative or rule changes, modify agreements with coordinating agencies, etc.)					
<ul> <li>Projected start date for each activity</li> </ul>					
<ul> <li>Projected end date for each activity</li> </ul>					
<ul> <li>Agency – Who is responsible for complete implementation of this activity</li> </ul>					
<ul> <li>Partners – Who is the responsible agency partnering with to complete implementation of this activity</li> </ul>					
implementation of this activity					
Farnings					

# 3.1.6 Fluctuation in Earnings

The CCDBG Act of 2014 added a requirement that the Plan shall demonstrate how the State/Territory's (or designated local entity) processes for initial determination and redetermination take into account irregular fluctuations in earnings. (658E(c)(2)(N)(i)(II))

Note – this change requires that States and Territories have policies to account for the fact that some parents with seasonal or other types of work schedules may have irregular earnings over the course of a year, including changes that temporarily exceed 85% of SMI. States and Territories should have procedures to guide how eligibility and copayments are set in a manner to take such circumstances into account. For example,

averaging family income over a period of time to broaden the scope of income verification to be more reflective of annual income rather than tied to a limited time frame that may have seasonal irregularities.

Describe the status of the State/Territory's policy related to the fluctuation in earnings requirement.

X Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the circumstances that cover irregular fluctuations of earnings pursuant to this requirement <a href="Income that is irregular or sporadic earned or unearned income over a period of one (1) year or more is divided to determine a monthly income amount.">Income received in the last twelve (12) months is divided by twelve (12) to arrive at a monthly amount.</a>

Income that is irregular or sporadic earned or unearned income over a period of less than one (1) year, is averaged over the period of time less than one (1) year.

If the household's current income shows a substantial increase or decrease, a representative period of the irregular or sporadic income should be used to determine the average monthly amount. Arrive at a mutually agreed upon prediction of the current income and expenses with the family. Ensure the family understands the reporting requirements.

i r S	lot implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, eccessary legislative or regulatory steps to complete, and target completion date (no later than eptember 30, 2016). Please provide brief text responses and descriptions only. Do not cut and aste charts or tables here. Your responses will be consolidated electronically into an implementation Plan summary report.
	Overall Target Completion Date (no later than September 30, 2016)  Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)  Implementation progress to date – Identify any requirement(s) partially or substantially implemented
	Unmet requirement - Identify the requirement(s) not fully implemented
•	Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)  Projected start date for each activity  Projected end date for each activity  Agency – Who is responsible for complete implementation of this activity  Partners – Who is the responsible agency partnering with to complete implementation of
	this activity

3.1.7 Describe how the Lead Agency documents, verifies and maintains applicant information. Check the information that the Lead Agency documents. There are no federal requirements for specific documentation or verification procedures.

X Applicant identity. Describe <u>Missouri does not require verification of identity for Child Care Subsidy.</u>

X Applicant's relationship to the child. Describe Applicants must be a parent, specified relative, or a legal guardian. Documents used to verify relationship include: birth certificates, birth information available through an interface with the state's vital statistics system, court orders, or other relationship verification that may include hospital records, family Bible documentation, or as a last resort, a third party verification. The household's statement of relationship is accepted when other sources of verification are not available.

X Child's information for determining eligibility (e.g., identity, age, etc.). Describe A child's information is verified through an interface with the state's vital statistics system, if the child was born in Missouri. If a child was not born in Missouri, the child's information can be verified with a birth certificate from the child's state of birth. Other methods of verification are listed above, in ways to verify relationship of an applicant to a child.

X Work. Describe Employment may be verified by pay check stubs, a letter on company letterhead from the employer, a work schedule, system verification through The Work Number, system verification through an interface with Employment Security, or a telephone call to the employer.

X Job training or Educational program. <u>Describe Participation in job training or an educational program may be verified by letter on training program/educational program letterhead, training program schedule, school schedule, student income verification form, receipts for fees paid to educational programs, or a telephone call to someone with the training program or educational program.</u>

X Family income. Describe Income may be verified by pay check stubs, a letter on company letterhead from employer with wage and hours working information, system verification through the Work Number, system verification through an interface with the Social Security Administration, or system verification through an interface with Employment Security.

X Household composition. Describe Household composition is verified by applicant attestation.

X Applicant residence. Describe Residence is verified by applicant attestation.

X Other. Describe Need for care is verified to determine the number of units to authorize for child care. The work schedule may be verified by pay check stub if the pay check stub contains enough information to determine hours/time of day worked by applicant, a letter on company/job training/educational program letterhead with hours/time participating in eligible need component, training program schedule, school schedule, work schedule, or a telephone call to someone with the company/job training program/educational program to verify need.

**Reminder** – Lead Agencies are reminded that, for purposes of implementing the citizenship verification requirements mandated by title IV of Personal Responsibility and Work Opportunity Reconciliation Act, only the citizenship and immigration status of the child, who is the primary beneficiary of the child care

benefit, is relevant for eligibility purposes (ACYF-PI-CC-98-08). States may not deny child care benefits to an eligible child because the parent(s), legal guardians, persons standing in loco parentis, or other household members have not provided information regarding their immigration status. In addition, verification of child citizen status is not required when the child is served in a program meeting Early Head Start/Head Start standards, such as in Early Head Start – Child Care Partnerships, or public educational standards which may include pre-k settings (http://www.acf.hhs.gov/programs/occ/resource/pi-2008-01).

3.1.8 Which strategies, if any, will the Lead Agency use to assure the timeliness of eligibility determinations upon receipt of applications?

Time limit for making eligibility determinations. Describe length of time Missouri follows a 15 day
processing timeframe for Child Care Subsidy eligibility determinations.
Track and monitor the eligibility determination process <u>Missouri's eligibility system issues alerts</u> and reminders to staff when applications are due.
Other. Describe
None

3.1.9 Informing parents who receive TANF benefits about the exception to the individual penalties associated with the TANF work requirement

Per CCDF regulations, Lead Agencies are required to inform parents who receive TANF benefits about the exception to the individual penalties associated with the work requirement for any single custodial parent who has a demonstrated inability to obtain needed child care for a child under 6 years of age (98.16(9) and 98.33(b)). This requirement did not change under the reauthorization, however Lead Agencies may wish to reexamine those definitions in light of new purposes articulated in Reauthorization and to promote alignment across programs. Lead Agencies must coordinate with TANF programs to ensure, pursuant that TANF families with young children will be informed of their right not to be sanctioned if they meet the criteria set forth by the State/Territory TANF agency in accordance with section 407(e)(2) of the Social Security Act.

In fulfilling this requirement, the following criteria or definitions are applied by the TANF agency to determine whether the parent has a demonstrated inability to obtain needed child care. **NOTE**: The TANF agency, not the CCDF Lead Agency, is responsible for establishing the following criteria or definitions. These criteria or definitions are offered in this Plan as a matter of public record.

a) Identify the TANF agency that established these criteria or definitions:

State/Territory TANF Agency Missouri Department of Social Services, Family Support Division

- b) Provide the following definitions established by the TANF agency.
  - "appropriate child care" <u>Child care that is consistently available; child care that is available during the participant's hours of employment, education, training, and/or work activity; child care that addresses the specialized needs of the child.</u>

- "reasonable distance" <u>To determine whether child care is within reasonable distance, consider the following factors:</u>
  - 1.When the participant has no independent transportation, but can be expected to use public transportation: if the child care is available at the appropriate time for the participant's schedule of work or work participation activity, the public transportation is not cost prohibitive, and if the time involved in getting to public transportation, getting to child care, and then to work is reasonable in relationship to the participant's actual hours of work or work participation activity.
  - 2. When the participant has an independent means of transportation, the transportation must include the following: the vehicle or other transportation must be reliable, the participant must be able to afford the transportation costs (including the cost of maintaining and insuring the reliability of the transportation), the commuting time from the participant's home to the child care provider to the work activity is no more than one hour each way.
- "unsuitability of informal child care" <u>Families are not required to accept child care with providers</u> who are not licensed or license exempt and registered.
- "affordable child care arrangements" Child care is considered affordable when the cost of care does not exceed ten percent (10%) of a family's gross income less medical insurance premiums.

  This ten percent (10%) includes any sliding fee a family may be required to pay, but does not include federal, state, or local child care subsidy.

c) F	How are parents who receive TANF benefits informed about the exception to individual penalties associated
wit	th the TANF work requirements?
	∀erbally
	Other. Describe
3.2	☐ List the citation to this TANF policy

## 0285.005.00 ALLOWABLE REASONS FOR NON-PARTICIPATION

TA recipients may have good cause for not participating in work activities, and/or not responding to the call-in letter. If the recipient responds at any point prior to or on the date of the sanction appointment, s/he must be evaluated to determine if the criteria for an exemption, temporary exclusion, or another good cause reason(s) is met.

3.2.1 The Lead Agency certifies that it will require a family member to certify that the family assets do not exceed \$1,000,000. A check-off on the application is sufficient.

X Yes. The Lead Agency certifies that it will require families to certify that the family assets do not exceed \$1,000,000 no later than September 30, 2016.

## 3.3 Increasing Access for Vulnerable Children and Families

At a minimum, CCDF requires Lead Agencies to give priority for child care assistance to children with special needs, or in families with very low incomes. This did not change under reauthorization. Prioritization of CCDF assistance services is not limited to eligibility determination (i.e., establishment of a waiting list or ranking of eligible families in priority order to be served). Lead Agencies may fulfill priority requirements in other ways such as higher payment rates for providers caring for children with special needs or waiving co-payments for families with very low incomes (at or below the federal poverty level). (658E(c)(3)(B))

- 3.3.1 Describe how the Lead Agency will prioritize or target child care services for the following children and families (658E(c)(3)(B)), including definitions, any time limits, grace periods or priority rules in the description:
  - a. Provide definition of "Children with special needs" A child is classified as having special needs when they are receiving Social Security Income (SSI) based on their own disability; are receiving services through the Department of Mental health, with a verified diagnosis of having special needs; have a verified diagnoses of a physical or mental disability that causes a significant delay in a child's cognitive, behavioral, emotional, or social development in comparison with normal development standards; is a protective services child receiving services for the treatment or prevention of child abuse and/or neglect from the Children's Division, or is a child under court-order supervision. and describe how services are prioritized Children classified as having special needs continue to be a priority for the agency. Child care rates for children classified as having special needs are paid at the rate of the child's "functional age" and child care providers providing care to children classified with having special needs are paid a 25% rate differential.
  - b. Provide definition of "Families with very low incomes" Families with "very low incomes" are defined as families with income less than 15% of SMI and describe how services are prioritized Families with "very low incomes" continue to be a priority for the agency. Families with "very low incomes" are only required to pay a \$1.00 sliding fee per year and are automatically eligible for child care subsidy, with a valid need.
    - c. Describe how services for families receiving Temporary Assistance for Needy Families (TANF), those attempting to transition off TANF through work activities, and those at risk of becoming dependent on TANF are prioritized (Section 418(b)(2) of the Social Security Act) Families with "very low incomes" are only required to pay a \$1.00 sliding fee per year and are automatically eligible for child care subsidy, with a valid need. Families participating in MWA are considered eligible for child care subsidy, with the expectation that with MWA participation they will soon have a child care need to be authorized. This ensures families have the support to participate in work activities and eliminate delays due to insufficient funds to pay for child care. If families participating in MWA become employed at a wage that is greater than 166% of SMI, they are eligible to be considered for Transitional Child Care Subsidy.

## 3.3.2 Improving Access for Homeless Children and Families.

The CCDBG Act of 2014 places greater emphasis on serving homeless children and families. Stable access to high-quality child care provides tremendous benefits to all children, especially our most vulnerable children. Children and families who experience homelessness face many challenges. Improving access to child care can buffer children and families from the challenges and risks associated with homelessness by supporting children's learning and development in safe, stable and nurturing environments. Under the new law, States and Territories are required to use CCDF funds to 1) allow homeless children to receive CCDF assistance after an initial eligibility determination but before providing required documentation (including documentation related to immunizations); 2) providing training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6); and 3) conduct specific outreach to homeless families. (658E(c)(3))

States and Territories also must establish a grace period that allows homeless children and children in foster care (if served by the Lead Agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as described in Section 5. This flexibility will make it significantly easier for these vulnerable families to access child care services. This language is consistent with current requirements established through CCDF regulations in 1998, which required a grace period in which children can receive services while families take the necessary actions to comply with the immunization requirements. (658E(c)(2)I)(i)(I)) ACF recommends States and Territories consult the definition of homeless in the McKinney-Vento Act (section 725 of subtitle VII-B) as you implement the requirements of this section as that definition is consistent with the required CCDF administrative data reporting requirements.

Describe the status of the State/Territory's procedures to enroll and provide outreach to homeless families and establish a grace period for children in foster care, if served, for meeting immunization requirements
 Fully implemented and meeting all Federal requirements outlined above. Describe the following:

 a. Procedures to increase access to CCDF subsidies for homeless children and families, including the grace period to comply with immunization and health and safety requirements \_\_\_\_\_\_
 b. Procedures to conduct outreach to homeless families to improve access to child care services \_\_\_\_\_
 c. Procedures to provide a grace period to comply with immunization and other health and safety

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

requirements to expedite enrollment for children who are in foster care if served by the Lead

Agency to improve access to child care services \_

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) not yet started
  - o Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>All unmet requirements are in progress.</u>
  - Unmet requirement Identify the requirement(s) not fully implemented
    - 1. Establish a grace period that allows homeless children and children in foster care (if served by the lead agency) to receive CCDF assistance while their families are taking the necessary actions to comply with immunization and other health and safety requirements as describedin Section 5.
    - 2. Provide training and technical assistance to child care providers on identifying and serving homeless children and families (addressed in Section 6).
    - 3. Conduct outreach to homeless families.
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <u>This requirement will require a rule</u> <u>change to allow for a grace period for immunization compliance; discussion and collaboration with</u> <u>Missouri's Homeless State Coordinator; Meetings and collaboration with homeless advocacy groups.</u>
  - Projected start date for each activity <u>All activities started.</u>
  - o Projected end date for each activity September 30, 2016
  - o Agency Who is responsible for complete implementation of this activity <u>Lead Agency</u>
  - Partners Who is the responsible agency partnering with to complete implementation of this
    activity <u>Department of Health and Senior Services</u>, <u>Division of Community and Public Health</u>,
    <u>Bureau of Immunization Assessment and Assurance (BIAA)</u>; <u>Missouri State Homeless State</u>
    Coordinator; Homess advocacy groups in Kansas City and Saint Louis.

## 3.4 Protection for Working Parents

#### 3.4.1 Twelve-Month Eligibility

The CCDBG Act of 2014 establishes a minimum 12-month eligibility and redetermination period for CCDF families. States and Territories are required to demonstrate in the Plan that no later than September 30, 2016 each child who receives assistance will be considered to meet all eligibility requirements for such assistance and will receive such assistance, for a minimum of 12 months before the State/Territory redetermines the eligibility of the child, regardless of changes in income (as long as income does not exceed the federal threshold of 85% of State median income) or temporary changes in participation in work, training, or education activities. (658E(c)(2)(N)(i) & (ii))

Note that this change means a State/Territory <u>may not</u> terminate CCDF assistance during the 12-month period if a family has an increase in income that exceeds the State's income eligibility threshold, but not the federal threshold of 85% SMI.

In addition, this change means the State/Territory <u>may not</u> terminate assistance prior to the end of the 12-month period if family experiences a temporary job loss or temporary change in participation in a training or education activity. Examples of temporary changes include but are not limited to: absence from employment due to maternity or extended medical leave, changes in seasonal work schedule, or if a parent enrolled in training or educational program is temporarily not attending class between semesters.

Describe the status of the State/Territory's establishment of 12-month eligibility and redetermination periods for CCDF families.

Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy
citation(s) and describe circumstances considered temporary changes in work, education or training that
are not subject to termination

- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) <u>September 30, 2016</u>
- Current Status Describe the State/Territory's status toward complete implementation for any
  requirement(s) not fully implemented (not yet started, partially implemented, substantially
  implemented, other) in progress
  - Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>Draft state regulations have been written</u>, to include this requirement. <u>A</u> <u>Level of Effort for contractors to make system changes to allow this requirement has</u> <u>been obtained</u>.
  - Unmet requirement Identify the requirement(s) not fully implemented <u>90 day job</u> search, <u>12 month eligibility regardless of income changes</u>, authorizations more than <u>30</u> days in the future.
  - Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <u>Rule changes</u>, policy changes, eligibility system changes to allow for 12 month blocked <u>authorizations and authorizations more than 30 days in the future</u>.
  - Projected start date for each activity Already started.
  - o Projected end date for each activity September 30, 2016
  - Agency Who is responsible for complete implementation of this activity Lead Agency
  - Partners Who is the responsible agency partnering with to complete implementation of this activity <u>Family Support Division</u>

#### 3.4.2 State and Territory option to terminate assistance prior to 12 months

The CCDBG Act of 2014 provides States and Territories the option – but does not require them – to terminate assistance prior to re-determination at 12 months if a parent loses employment or if he or she stops attending a job training or education program (i.e., if the parent experiences a non-temporary change in their status as working, or participating in a training or education program). However, prior to terminating the subsidy, the State/Territory must provide a period of continued child care assistance of at least 3 months to allow parents to engage in job search, resume work, or to attend an education or training program as soon as possible. (658E(c)(2)(N)(iii)) Nothing in the statute prohibits the State/Territory from starting a new 12-month eligibility and redetermination period if families are eligible at the end of their job search, training or education attendance period.

Note that unless the State allows a minimum 3-month job search period – the State/Territory <u>may not</u> exercise the option to terminate assistance based on a parent's non-temporary job loss or cessation of attendance at a job training or educational program prior to the end of the minimum 12-month eligibility and re-determination period. The statute does not specify any documentation that States/Territories must require parents to submit regarding activities during periods of job search or finding training or education program requirements for this period.

Does the State/Territory terminate assistance prior to 12 months due to a parent's non-temporary loss of work or cessation of attendance at a job training or education program?

X Yes, the State/Territory terminates assistance prior to 12 months due to parent's loss of work or cessation of attendance at a job training or education program ONLY. List the Lead Agency's policy citation(s) and describe the circumstances considered to be non-temporary job, education or training loss and provide the duration allowed for job search or resuming attendance in training or education programs Missouri currently only allows job search for TA recipients, for up to 12 weeks a year. A system change is already in place to allow 90 days of job search for all participants, however, new policy will need to be written to support the new requirement.

☐ No, the State/Territory does not allow this option.

## 3.4.3 Prevent Disruption of Work

The CCDBG Act of 2014 added a requirement that States and Territories must describe in the Plan the procedures and policies in place to ensure that parents (especially parents in families receiving assistance under TANF) are not required to unduly disrupt their employment, education or job training activities in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility for assistance. (658E(c)(2)(N)(ii)) Examples include implementing redetermination strategies to verify income and employment electronically as opposed to more onerous practices such as asking parents and families to come to the subsidy office for an in-person visit, or aligning eligibility with other early care and education or public benefits programs to collect information centrally. The process by which States and Territories collect eligibility documentation represents a potential barrier to services, particularly when documentation can only be provided in-person during standard work hours. States and Territories can offer a variety of family-friendly mechanisms for submitting documentation for eligibility determinations and/or re-determination.

Describe the status of the State/Territory's redetermination procedures and policies to ensure that parents (especially parents receiving TANF) do not have their employment, education or job training unduly disrupted in order to comply with the State/Territory's or designated local entity's requirements for redetermination of eligibility.

☐ Fully implemented and meeting all Federal requirements outlined above. List the Lead Agency's policy citation(s) and describe the policies and procedures for not unduly disrupting employment

X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) <u>partially implemented</u>
  - Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>Missouri uses an intergrated elibility system that allows documentation to be used across programs for eligibility determinations.</u>
  - Unmet requirement Identify the requirement(s) not fully implemented <u>Interviews are</u> required for rederminations.
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Rule changes, policy changes, development of information materials that will inform participants of information that is often provided at the time of interviews.
  - o Projected start date for each activity January 1, 2016
  - o Projected end date for each activity September 30, 2016
  - Agency Who is responsible for complete implementation of this activity Lead Agency
  - Partners Who is the responsible agency partnering with to complete implementation of this activity Family Support Division

# 3.5 Family Contribution to Payment

The statute requires Lead Agencies to establish a sliding fee scale that varies based on <u>income and the</u> <u>size of the family</u> to be used in determining each family's contribution (i.e., co-payment) to the cost of child care that is not a barrier to families receiving CCDF. (658E(c)(5) In addition to income and size of the family, the Lead Agency may use other factors when determining family contributions/co-payments.

The sliding fee scale is subject to review by ACF as part of ongoing monitoring efforts to CCDBG compliance.

3.5.1 Provide the CCDF copayments in the chart below according to family size for one child in care. Note – If the sliding fee scale is not statewide, check here . Describe how many jurisdictions set their own sliding fee scale . Fill in the chart based on the most populous area of the State.

	(a)	(b)	(c)	(d)	(e)	(f)
Family Size	Minimum "Entry" Income Level	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (b)?	Maximum "Entry" Income Level	What is the monthly copayment for a family of this size upon initial entry into CCDF?	What is the percent of income for (e)?
	<b>40.00</b>	,		642F4 00	•	
1	\$0.00	\$1.00/Year		\$1354.00	\$115/max for 23FT units	8%
2	\$0.00	\$1.00/Year		\$1833.00	\$115/max for 23FT units	6%
3	\$0.00	\$1.00/Year		\$2310.00	\$115/max for 23FT units	5%
4	\$0.00	\$1.00/Year		\$2789.00	\$115/max for 23FT units	4%
5	\$0.00	\$1.00/Year		\$3268.00	\$115/max for 23FT units	3.5%

- a) What is the effective date of the sliding fee scale(s)? 08/01/2015
- b) Provide the link to the sliding fee scale <a href="http://dss.mo.gov/cd/childcare/pdf/child-care-income-guidelines.pdf">http://dss.mo.gov/cd/childcare/pdf/child-care-income-guidelines.pdf</a>
- 3.5.2 How will the family's contribution be calculated and to whom will it be applied? Check all that apply.

☐ Fee is a dollar amount and
Fee is per child with the same fee for each child
Fee is per child and discounted fee for two or more children
Fee is per child up to a maximum per family
☐ No additional fee charged after certain number of children
Fee is per family
Fee is a percent of income and
Fee is per child with the same percentage applied for each child
Fee is per child and discounted percentage applied for two or more children
Fee is per child up to a maximum per family
No additional percentage applied charged after certain number of children
Fee is per family
Contribution schedule varies because it is set locally/regionally (as indicated in 1.2.1). Describe

	needs.	Other. Describe The sliding fee is waived for children categorized as having special		
3.5.3	Will the Lead copayment? (	Agency use other factors in addition to income and family size to determine each family's 658E(c)(3)(B))		
	$\boxtimes$	Yes, and describe those additional factors using the checkboxes below.		
		Number of hours the child is in care		
		Lower copayments for higher quality of care as defined by the State/Territory		
		Other. Describe other factors		
		No.		
3.5.4	the poverty le	ncy may waive contributions/co-payments from families whose incomes are at or below evel for a family of the same size (98.42(c)). Will the Lead Agency waive family /co-payments for families whose incomes are at or below the poverty level?		
		Yes, the Lead Agency waives family contributions/co-payments for families with income at or below the poverty level for families of the same size. The poverty level used by the Lead Agency for a family size of 3 is \$		
	$\boxtimes$	No, the Lead Agency does not waive family contributions/co-payments.		
3.5.5	How will the Lead Agency ensure the family contribution/co-payment, based on a sliding fee scale, is affordable and not a barrier to families receiving CCDF? Check all that apply.			
	Limits t	he maximum co-payment per family. Describe		
		combined amount of copayment for all children to a percentage of family income. List the e of the copayment limit and describe		
	care (" Describe certifice exceed Transite eligible of pove	nimizes the abrupt termination of assistance before a family can afford the full cost of the cliff effect") as part of the graduated phase-out of assistance discussed in 3.1.5. be Active families reporting a change or reapplying for benefits before the end of the lation period may qualify for Transitional Child Care. If the adjusted gross income less 139% of poverty, but does not exceed 165% of poverty, the family will qualify for cional Child Care Level 1. Transitional Child Care Level 1 allows the family to remain a for 75% of the child care benefit to be paid. If the adjusted gross income exceeds 166% erty, but does not exceed 190% of poverty, the family will qualify for Transitional Child evel 2. Transitional Child Care Level 2 allows the family to remain eligible for 50% of the are benefit to be paid.		
		ot allow providers to charge families the difference between the maximum payment rate in section 4) and their private pay rate in addition to the copayment they are paying.		

Covers all fees (such as registration, supplies, field trips) to minimize the additional fees charged
to the families by the provider. Describe
Other. Describe

# 4 Ensure Equal Access to High Quality Child Care for Low-Income Children

The 2014 reauthorization of the CCDBG Act is designed to help States and Territories advance improvements to the quality of child care in order to promote the healthy social-emotional, cognitive and physical development of participating children. Ensuring that low-income and vulnerable children can access high-quality care (and remain enrolled to school entry and beyond) is an equally important purpose of CCDBG. Payment levels and policies have a major impact on access.

The CCDBG Act of 2014 revises the requirement for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the cost of child care services by geographic area, type of provider, and age of child. Also, a State/Territory may develop and conduct an alternative methodology for setting payment rates, such as a cost estimation model, to take into account the cost of meeting quality requirements.

To provide stability of funding and encourage more child care providers to participate in the subsidy program, the State/Territory's payment practices for CCDF child care providers must reflect generally accepted payment practices of non-CCDF child care providers in the State/Territory, such as paying for supplies, field trips, registration fees. In addition, to the extent practicable, the State/Territory must implement enrollment and eligibility policies that support the fixed costs of providing child care services by delinking provider payments from a child's occasional absence due to holidays or unforeseen circumstances such as illness or closures due to emergency.

The CCDBG Act of 2014 added a provision that the State/Territory must also develop and implement strategies to increase the supply and improve the quality of child care services for: (1) children in underserved areas; (2) infants and toddlers; (3) children with disabilities (the CCDBG Act of 2014 added a new definition of child with disability (658(P)(3)); and (4) children who receive care during non-traditional hours. With respect to investments to increase access to programs providing high-quality child care and development services, the State/Territory must give priority to children of families in areas that have significant concentrations of poverty and unemployment and that do not have such programs. (658 E(c)(2)(M))

## 4.1 Parental Choice In Relation to Certificates, Grants or Contracts

The parent(s) of each eligible child who receive(s) or is offered financial assistance for child care services has the option of either enrolling such child with a provider that has a grant or contract for the provision of service or receiving a child care certificate. (658E(c)(2)(A)) This did not change under the CCDBG Act of 2014.

Describe how the parent of each eligible child is advised that the Lead Agency offers the option of selecting a provider that has a grant or contract or receiving a child care certificate (658E(c)(2)(A)(i), 658P(2))

Parents are advised at the time of application that they may use a licensed/contracted child care provider or a licensed exempt/registered provider. The different is explained to them.

4.1.1	Describe how the parent is informed of the option to choose from a variety of child care categories –
	such as private, not-for-profit, faith-based providers (if using a certificate), centers, family child care
	homes, or in-home providers. (658E(c)(2)(A)(i), 658P(2), 658Q)) Check all that apply.

	Certificate form provides information about the choice of providers, including high quality providers
	Certificate is not linked to a specific provider so parents can choose provider of choice
Χ	Consumer education materials on choosing child care
X	Referral to child care resource and referral agencies
	Co-located resource and referral in eligibility offices
X	Verbal communication at the time of application
X	Community outreach, workshops or other in-person activities
Χ	Other. Describe Pilot project with local Workforce Investment Boards

#### 4.1.2 Child Care Services Available through Grants or Contracts

a) In addition to offering certificates, does the Lead Agency provide child care services through grants or contracts for child care slots? (658A(b)(1)))) **Note**: Do not check "yes" if every provider is simply required to sign an agreement in order to be paid in the certificate program.

#### X Yes. If yes, **describe**:

- the type(s) of child care services available through grants or contracts <u>Early Head</u>
   <u>Start and Out of School Time.</u>
- the entities who receive contracts (e.g., shared services alliances, child care resource and referral agencies, family child care networks, community based agencies, child care providers, etc.) <a href="Lead Agency contracts with 9 community based service providers throughout Missouri">Lead Agency contracts with 9 community based service providers throughout Missouri</a>. Out of School Time (OST) is available through contracts with ARCHS (St. Louis County and St. Louis City) and LINC (JACKSON County) in urban areas with high levels of poverty.
- the process for accessing grants or contracts <u>Out of School Time contracts are</u> <u>awarded to Community Partnerships and Early Head Start contracts are awarded</u> <u>through competitive bid.</u>
- the range of providers available through grants or contracts <u>Out of School Time</u>
   serves urban areas. Early Head Start contractors sub-contracts with various entities
   in order to reach the maximum amount of families

- o how rates for contracted slots are set through grants and contracts <u>Contractors set</u> rates for slots with local providers.
- o how the State/Territory determines which entities to contract with for increasing supply and/or improving quality <a href="https://doi.org/10.2501/j.j.gov/">Through competitive bid process.</a>
- o if contracts are offered statewide and/or locally <u>Out of School Time is awarded</u> regionally based on the needs of urban areas. Early Head Start is offered statewide through competitive bid process.

No. If no, skip to 4.1.4.

	110.11 110,3 Kip to 112.11
b)	Will the Lead Agency use grants or contracts for child care services to achieve any of the following (check all that apply):
	$\underline{X}$ Increase the supply of specific types of care with grants or contracts for:
	Programs to serve children with disabilities
	X Programs to serve infants and toddlers
	X Programs to serve school-age children
	Programs to serve children needing non-traditional hour care
	Programs to serve homeless children
	Programs to serve children in underserved areas
	Programs that serve children with diverse linguistic or cultural backgrounds
	X Programs that serve specific geographic areas
	<u>X</u> Urban
	Rural
	Other. Describe
	X Improve the quality of child care programs with grants or contracts for:
	$\underline{X}$ Programs providing comprehensive services, such as integrated child care in Head Start, Early Head Start, summer or other programs
	Programs meeting higher quality standards, such as higher rated QRIS programs, accreditation or state pre-k programs that meet higher quality standards
	Programs that provide financial incentives to teaching staff linked to higher education and qualifications link increased education requirements to higher compensation
	Programs to serve children with disabilities or special needs
	$\underline{X}$ Programs to serve infants and toddlers
	X Programs to serve school-age children

	Programs to serve children needing non-traditional hour care
	Programs to serve homeless children
	Programs to serve children in underserved areas
	Programs that serve children with diverse linguistic or cultural backgrounds
	X Programs that serve specific geographic areas
	<u>X</u> Urban
	Rural
	Other. Describe
4.1.3	The Lead Agency certifies policies and procedures are in place that afford parents unlimited access to their children whenever their children are in the care of a provider who receives CCDF funds. (658E(c)(2)(B)) This requirement did not change under the CCDBG Act of 2014. Describe the policies and procedures for unlimited access <a href="Child Care Provider Agreements">Child Care Provider Agreements and Child Care Provider Registration Applications and Agreements both have a clause that the provider must agree to allow parents unlimited access to their children whenever the children are in the care of the provider.</a>
4.1.4	The Lead Agency must allow for in-home care (i.e., care provided in the child's own home) but may limit its use. Will the Lead Agency limit the use of in-home care in any way?
	X Yes. If checked, what limits will the Lead Agency set on the use of in-home care? Check all that apply.
	Restricted based on minimum number of children in the care of the provider to meet minimum wage law or Fair Labor Standards Act. Describe
	X Restricted based on provider meeting a minimum age requirement. Describe <u>Registered in home providers must be 18 years old or older.</u>
	Restricted based on hours of care (certain number of hours, non-traditional work hours).  Describe
	Restricted to care by relatives. Describe
	Restricted to care for children with special needs or medical condition. Describe
	X Restricted to in-home providers that meet some basic health and safety requirements.  Describe All registered child care providers must meet minimum health and safety requirements.
	X Other. Describe <u>In home care providers can only provide care to children living in the home where care is provided.</u>
	□No

## 4.2 Assessing Market Rates and Child Care Costs

The new law revises the provisions for a market rate survey (MRS) so that: (1) it must be statistically valid and reliable; and (2) it must reflect variations in the price to parents of child care services by geographic area, type of provider, and age of child (658E(c)(4)(B)). A State/Territory has the option to develop and use a statistically valid and reliable alternative methodology for setting payment rates, such as a cost estimation model. Any payment rates established using an alternative methodology or market rate survey must be reviewed and approved by ACF as part of the CCDF Plan review process. Because the alternative methodology is a new basis for setting payment rates, we highly recommend any State or Territory considering an alternative methodology to submit a description of its proposed approach to the ACF Regional Office in advance of the Plan submittal in order to avoid delays with Plan approval.

The MRS or alternative methodology must be developed and conducted no earlier than two years before the date of submission of the Plan (instead of two years before the effective date of the Plan, as previously required for the MRS).

The State must consult with the State Advisory Council (SAC) or other state- or state-designated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting the MRS or alternative methodology.

The State/Territory must prepare a detailed report containing the results of the MRS or alternative methodology. The State must make the report with these results widely available no later than 30 days after completion of the report, including posting the results on the Internet in an easily interpretable and understandable form.

The State/Territory must set CCDF subsidy payment rates in accordance with the results of the current MRS or alternative methodology. When setting payment rates, the law requires States and Territories to take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered reimbursement or other methods) and without, **to the extent practicable**, reducing the number of families receiving CCDF relative to the number served as of November 2014. In taking the cost of providing quality into consideration, it is important to consider such key factors as what it takes to support increased stability and reduced provider turnover when setting payment rates.

4.2.1	Developing and Conducting a Market Rate Survey (MRS) and/or an Alternative Methodology. Did the
	State/Territory conduct a statistically and valid and reliable MRS, alternative methodology or both
	between July 1, 2013 and March 1, 2016?

Χ	MRS
	Alternative Methodology. Describe
	Both. Describe
	Other, Describe

4.2.2 Describe how the State consulted with the State Advisory Council (SAC) or other state- or statedesignated cross-agency body if there is no SAC, local child care program administrators, local child care resource and referral agencies, and other appropriate entities prior to developing and conducting

- the MRS or alternative methodology. <u>Coordinating Board for Early Childhood (SAC) informed of MRS and assistance in notifying providers of survey was requested.</u>
- 4.2.3 Describe how the market rate survey or alternative methodology is statistically valid and reliable. To be considered valid and reliable, the MRS or alternative methodology must represent the child care market, provide complete and current data, use rigorous data collection procedures, reflect geographic variation, and analyze data in a manner that captures other relevant differences. For example, market rate surveys can use administrative data such as child care resource and referral data if they are representative of the market. If an alternative methodology such as cost modeling is used, demonstrate that the methodology used reliable models that estimated the cost of delivering services in center- and home-based settings at each level of quality defined by the State/Territory. Surveys were mailed to all licensed child care facilities in the state of Missouri. Each area of the state was represented in the MRS. The survery was broken down by each county as well as grouped into metropolitan statistical areas. The survery reflects rates for infants, pre-school and school age children for full time, half time and part time child care. If any outliers were detected they were contacted directly by DSS staff to confirm the data.
- 4.2.4 Describe how the market rate survey reflects variations in the price of child care services by:
  - a) Geographic area (e.g., statewide or local markets) <u>Survey is broken down by each county as</u> well as grouped into metropolitan statistical areas.
  - b) Type of provider Licensed child care providers were surveyed for this survey.
  - c) Age of child Surevey reflected rates for infant, pre-school and school age children.
  - d) Describe any other key variations examined by the market rate survey, such as quality level Survey reflected rates for full time, half time and part time child care.
- 4.2.5 Describe the process used by the State/Territory to prepare a detailed report containing the results and make the report widely available to the public.
  - a) Date of completion of the market rate survey or alternative methodology (must be no earlier than July 1, 2013 and no later than March 1, 2016) 12-20-2014
  - b) Date report containing results was made widely available, no later than 30 days after the completion of the report <u>01-15-2014</u>
  - c) How the report containing results was made widely available and provide the link where the report is posted if available: <a href="http://dss.mo.gov/re/pdf/oecmmr/2014-child-care-market-rate-survey.pdf">http://dss.mo.gov/re/pdf/oecmmr/2014-child-care-market-rate-survey.pdf</a>

#### 4.3 Setting Payment Rates

4.3.1 Provide the base payment rates and percentiles (based on current MRS) for the following categories. The ages and types of care listed below are meant to provide a snapshot of categories on which rates may be based and are not intended to be comprehensive of all categories that may exist in your State/Territory or reflective of the terms that your State/Territory may use for particular ages. Please use the most populous geographic region (serving highest number of children). Note – If the payment

rates are not set by the State/Territory, check here . Describe how many jurisdictions set their own payment rates .

- a) Infant (6 months), full-time licensed center care in most populous geographic region
  - Rate \$29.20 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 46%
- b) Infant (6 months), full-time licensed FCC care in most populous geographic region
  - Rate \$18.25 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 49%
- c) Toddler (18 months), full-time licensed center care in most populous geographic region
  - Rate \$29.20 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 46%
- d) Toddler (18 months), full-time licensed FCC care in most populous geographic region
  - Rate \$18.25 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 49%
- e) Preschooler (4 years), full-time licensed center care in most populous geographic region
  - Rate \$17.05 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 38%
- f) Preschooler (4 years), full-time licensed FCC care in most populous geographic region
  - Rate \$14.48 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 43%
- g) School-age child (6 years), full-time licensed center care in most populous geographic region
  - Rate \$16.71 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 50%
- h) School-age child (6 years), full-time licensed FCC care in most populous geographic region
  - Rate \$13.37 per 5-10 hours unit of time (e.g., hourly, daily, weekly, monthly, etc.)
  - Percentile 71%
- i) Describe the calculation/definition of full-time care <u>Full time care is 5 hours to 10 hours per</u> day.
- j) Provide the effective date of the payment rates 07-01-2015
- k) Provide the link to the payment rates https://dssapp.dss.mo.gov/ccrate/
- 4.3.2 States and Territories may choose to set base payment rates that differ because they take into consideration such factors as 1) geographic location, 2) age of child, 3) needs of children (special needs, protective services, etc.), 4) non-traditional hours of care, or 5) quality of care. In other words, base rates for infants may be set at a higher level than for school-age care because the cost of providing infant care tends to be higher than school-age care. In addition to these rates that differ tied to market variations in prices, States and Territories can choose to establish tiered rates or add-ons on top of these variable base rates as a way to increase payment rates for targeted needs (i.e., higher rate for special needs children as both an incentive for providers to serve children with special needs and as a way to cover the higher costs to the provider to provide care for special needs children).

Check which types of tiered payment or rate add-on, if any, the Lead Agency has chosen to implement. In the description of any tiered rates or add-ons, indicate the process and basis used for determining the tiered rates, amount or percentage of the tiered rate/add-on, and indicate if the rates were set based on the MRS or another process.

- X Tiered rate/rate add-on for non-traditional hours. Describe 15% rate differential for evening and weekend care. Care beginning or ending during the timeframe of 7:01pm to 5:59am and Saturday 6:00am through Sunday 7:00pm. The rate differential was not based on the MRS. All rates are determined based on appropriation.
- X Tiered rate/rate add-on for children with special needs as defined by the State/Territory.

  Describe 25% rate differential for special needs children. The rate differential was not based on the MRS. All rates are determined based on appropriation.
- ☐ Tiered rate/rate add-on for infants and toddlers (do not check if you have a different base rate for infants/toddlers with no separate bonus or add-on). Describe \_\_\_\_\_
- X Tiered rate/rate add-on for programs meeting higher quality as defined by the State/Territory. Describe 20% rate differential for programs that are accredited through the state recognized accrediting bodies. The rate differential was not based on the MRS. All rates are determined based on appropriation.
- X Tiered rate/rate add-on for programs serving homeless children. Describe Effective 10-01-16 homeless children, whose parents have a qualifying need will be included within the definition of special needs children. 25% rate differential for special needs children. The rate differential was not based on the MRS. All rates are determined based on appropriation.
- X Other tiered rate/rate add-on beyond the base rate. Describe 30% Disproportionate Share rate differential for programs providing care to 50% or more subsidy children in the total enrollment. This program was stopped in 2003 due to funding, but those providers that were eligible are grandfathered in and several programs still receive this differential. The rate differential was not based on the MRS. All rates are determined based on appropriation.
- ☐ None.
- 4.3.3 Describe how the State/Territory set payment rates for child care services in accordance with the results of the most recent market rate survey or alternative methodology MRS results are used to make recommendations for rate increases to the Department. Rates are then determined based on appropriations.
- 4.3.4 In setting payment rates, how did the State/Territory take into consideration the cost of providing higher quality child care services than were provided prior to November 2014 (e.g., tiered payment or other methods) and without, to the extent practicable, reducing the number of families receiving CCDF relative to the number of families served as of November 2014. For example, providing tiered payment

with a sufficient differential to support higher quality, considering the cost of quality using a cost estimation model or other method, or examining the participation rate of high-quality providers in the subsidy system (e.g., using indicators from a quality rating system, accreditation or other state-defined indicators of quality) and adjusting payment rates if necessary. N/A

#### 4.4 Summary of Facts Used to Determine that Payments Rates Are Sufficient to Ensure Equal Access

The CCDF plan shall provide a summary of data and facts relied on by the State/Territory to certify that payment rates are sufficient to ensure equal access. (658E (c)(4)(A)) Equal access is not limited to a single percentile alone but is inclusive of various metrics or benchmarks that would offer children receiving CCDF access to the same services (type of care, quality of care) as children not receiving CCDF.

1.4.1	What data and facts did the State use to determine equal access (i.e., what is your metric or benchmark of equal access – such as percentile that rates cover or proportion of costs covered)? Check all that apply and describe.		
		Payment rates are set at the 75th percentile or higher of the most recent survey. Describe	
	X nee	Using tiered rates/differential rates as described in 4.3.3 to increase access for targeted eds.	
		Rates based on data on the cost to the provider of providing care meeting certain standards. Describe	
		Data on the size of the difference (in terms of dollars) between payment rates and the 75th percentile in the most recent survey, if rates are below the 75th percentile. Describe	
		Data on the proportion of children receiving subsidy being served by high-quality providers.  Describe	
		Data on where children are being served showing access to the full range of providers.  Describe	
		Feedback from parents, including parent survey or parent complaints. Describe	
		Other. Describe	
1.4.2		State/Territory certify that payment rates are sufficient to ensure equal access either based rent MRS or alternative methodology?	

X Yes. The State/Territory certifies that payment rates are sufficient to ensure equal access. Provide the State/Territory definition of how its payment rates are sufficient to ensure equal access The Lead Agency offers rate differentials to providers serving more than 50% children receiving child care subsidy, special needs children, and accredited facilities. In addition, parents may choose from licensed, licensed-exempt or providers not required to be licensed which offers different rate levels.

		No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
	•	Overall Target Completion Date (no later than September 30, 2016)  Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)  o Implementation progress to date – Identify any requirement(s) partially or substantially implemented
	•	<ul> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> <li>Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)</li> <li>Projected start date for each activity</li> <li>Projected end date for each activity</li> <li>Agency – Who is responsible for complete implementation of this activity</li> <li>Partners – Who is the responsible agency partnering with to complete implementation of this activity</li> </ul>
4.5 F	Payment Pra	actices and Timeliness of Payments
	how the Sta payment payment produced practicable costs of produced	Act of 2014 added a provision that requires States and Territories to describe in the Plan ate/Territory's payment practices for CCDF child care providers reflect generally accepted ractices of non-CCDF child care providers in the State/Territory —so as to provide stability of d encourage more child care providers to participate in the subsidy program. To the extent , the State/Territory must implement enrollment and eligibility policies that support the fixed eviding child care services by delinking provider payments from a child's occasional absences days or unforeseen circumstances such as illness. (658E(c)(2)(S))
4.5.1		he status of State/Territory's payment practices for CCDF child care providers that reflect accepted payment practices of non-CCDF child care providers in the State/Territory.
	X	Fully implemented and meeting all Federal requirements outlined above. Describe using 4.5.2 through 4.5.3 below.
		Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses

	and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
•	Overall Target Completion Date (no later than September 30, 2016)  Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)  o Implementation progress to date – Identify any requirement(s) partially or substantially implemented
	<ul> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> </ul>
•	Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)  Projected start date for each activity  Projected end date for each activity  Agency – Who is responsible for complete implementation of this activity  Partners – Who is the responsible agency partnering with to complete implementation of this activity
generall stability	e how the payment practices to child care providers who serve CCDF-assisted children reflect y accepted payment practices of other child care providers in the State/Territory to ensure of funding to encourage more child care providers to serve children who receive CCDF ce. The Lead Agency
Г	Pays prospectively prior to the delivery of services. Describe
<u>с</u> <u>b</u> <u>в</u> <u>в</u> <u>п</u> <u>р</u>	Pays within no more than 21 days of billing for services. Describe Licensed, contracted child are providers are required to bill online and registered child care providers have the option of billing online, within 60 days of the end of the service month. Payment is generated within 5 business days from the date the provider enters attendance into the online invoicing system. Registered child care providers who choose to bill by paper invoice are provided with the invoice prior to the end of the service month and able to submit the last day of the service month, by hail. The Child Care Payment Unit pays all paper invoices within 2 business days of receipt. Payment is issued 5 business days after the invoice is entered by the Child Care Payment Unit.  Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by paying based on enrollment instead of attendance. Describe including the State/Territory's definition of occasional absences  Supports fixed costs of providing child care services by delinking provider payments from a child's occasional absences by providing full payment if a child attends at least a certain percent of authorized time. Specify percent and describe  Supports fixed costs of providing child care services by delinking provider payments from a hild's occasional absences by providing full payment if a child is absent for a certain number of lays in a month. Specify the number of absence days allowed and paid for and describe

Providers may bill for up to 5 absences and/or holidays for children that are authorized for 20 or more units of care during the month. Providers may bill for up to 3 absences and/or holidays for children that are authorized for 3-19 units of care per month. Providers may not bill for absences or holidays unless a child is in care for at least one unit of care in the service month. Absences are defined as when a facility is open for business and a child that is normally in care is absent. Holidays are defined as any date the facility is closed (for traditional holidays like Christmas or Memorial Day or non-traditional days, like snow days) for business on a day they would normall be open. Child care providers are able to bill for up to eleven (11) holidays in a state fiscal year.

X Pays on a full-time or part-time basis (rather than smaller increments such as hourly) Payment is made by units of care. A full time unit of care is 5-10 hours of care, a half time unit of care is 3 hours to 4 hours 59 minutes of care, and a part time unit of care is 30 minutes to 2 hours 59 minutes of care. ☐ Pays for standard and customary fees that the provider charges private-paying parents (e.g., registration fees, deposits, supplies, field trips, etc.) \_ X Provides prompt notice to providers regarding any changes to the family's eligibility status that may impact payment Providers are notified by a system generated change notice the day after a change is entered into the system. The change notice is mailed. X Has a timely appeal and resolution process for payment inaccuracies and disputes. Describe Providers who report a payment discrepancie within 60 days of the service month, may submit a Child Care Provider Payment Resolution Request to have the payment discrepancy reviewed. Payment Resolution Requests are reviewed by the Child Care Payment Unit within 30 days of the date of receipt. ☐ Other. Describe Check and describe the strategies the State/Territory will use to ensure the timeliness of payments. X Policy on length of time for making payments. Describe length of time Providers are required to bill within 60 days of the service month and the Child Care Payment Unit is required to pay paper invoices within 2 business days of receipt. ☐ Track and monitor the payment process X Use of electronic tools (e.g., automated billing, direct deposit, etc.) Describe Licensed, contracted child care providers are required to bill online and registered child care providers have the option of billing online, within 60 days of the end of the service month. Payment is generated within 5 business days from the date the provider enters attendance into the online invoicing system. Licensed, contracted child care providers are required to accept payment by direct deposit and registered child care providers are strongly encouraged to accept payment by direct deposit.

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☐ Other. Describe

4.5.3

# 4.6 Supply Building Strategies to Meet the Needs of Certain Populations

The CCDBG Act of 2014 added a provision that the State/Territory will develop and implement strategies to increase the supply and improve the quality of child care services for children in underserved areas, infants and toddlers, children with disabilities, and children who receive care during non-traditional hours. (658 E(c)(2)(M))

hours. (658 E(c)(2)(M))
4.6.1 Has the State/Territory conducted data analysis of existing and growing supply needs?
☐ Yes. Describe data sources
X No. If no, how does the State/Territory determine most critical supply needs? <u>Child Care</u> <u>Aware of Missouri maintains data on the supply and demand for child care services in Missouri</u>
Reports are made available to the Lead Agency upon request.
4.6.2 Describe what method(s) is used to increase supply and improve quality for:
a) Infants and toddlers
☐ Grants and contracts (as discussed in 4.1.3)
☐ Family child care networks
☐ Start-up funding
☐ Technical assistance support
☐ Recruitment of providers
☐ Tiered payment rates (as discussed in 4.4.1)
X Other. Describe <u>Base rate includes payment differential.</u>
b) Children with disabilities
☐ Grants and contracts (as discussed in 4.1.3)
☐ Family child care networks
☐ Start-up funding
☐ Technical assistance support
☐ Recruitment of providers
X Tiered payment rates (as discussed in 4.4.1)
☐ Other. Describe
c) Children who receive care during non-traditional hours
☐ Grants and contracts (as discussed in 4.1.3)
☐ Family child care networks
☐ Start-up funding

4.6.3

•	Curren	t Status – Describe the State/Territory's status toward complete implementation for
	any red	quirement(s) not fully implemented (not yet started, partially implemented,
	substa	ntially implemented, other)
	0	Implementation progress to date – Identify any requirement(s) partially or
		substantially implemented
	0	Unmet requirement - Identify the requirement(s) not fully implemented
•	Tasks/	Activities – What specific steps will you take to implement the requirement (e.g.,
	legislat	ive or rule changes, modify agreements with coordinating agencies, etc.)
	0	Projected start date for each activity
	0	Projected end date for each activity
	0	Agency – Who is responsible for complete implementation of this activity
	0	Partners – Who is the responsible agency partnering with to complete
		implementation of this activity

# 5 Establish Standards and Monitoring Processes to Ensure the Health and Safety of Child Care Settings

The CCDBG Act of 2014 makes child care safer by defining minimum health and safety requirements for child care providers. This includes both the standards that must be established and the preservice/orientation and ongoing minimum training required. States and Territories must also explain why exemptions to any of the licensing standards do not endanger the health and safety of CCDF children in license-exempt care. States and Territories are required to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in child care.

Pre-licensure and annual unannounced inspections of licensed CCDF providers and annual inspections of license-exempt CCDF providers are now required. The CCDBG Act of 2014 requires States and Territories to establish qualifications and training for licensing inspectors and appropriate inspector-to-provider ratios. It also requires States and Territories to conduct criminal background checks for all child care staff members, including staff members who don't care directly for children but have unsupervised access to children and lists specific disqualifying crimes. States and Territories must certify that all child care providers comply with child abuse reporting requirements of Child Abuse Prevention and Treatment Act (CAPTA), mandatory reporting of known and suspected instances of child abuse and neglect).

## 5.1 Licensing Requirements and Standards

Each State/Territory is required to certify it has in effect licensing requirements applicable to all child care services provided within the State/Territory (not restricted to providers receiving CCDF), and to provide a detailed description of such requirements and how such requirements are effectively enforced. (658E(c)(2)(F) Nothing in the statute prohibits the State/Territory from exempting child care providers from licensing requirements. But, if the State/Territory exempts any child care providers from State/Territory licensing requirements, the CCDBG Act of 2014 requires States and Territories to describe how such licensing exemptions do not endanger the health, safety, and development of children receiving CCDF who are cared for by the license-exempt providers. (658E(c)(2)(F)(ii))

5.1.1 The State/Territory certifies that it has licensing requirements applicable to all child care services provided within the State. (658(c)(2)(F)) This requirement did not change under the CCDBG Act of 2014. List the categories of care that your State/Territory licenses and provide your definition of each licensed category of care Center-Based Child Care:

Center-based child care providers are defined as a provider licensed or otherwise authorized to provide child care services for fewer than 24 hours per day per child in a non-residential setting, unless care in excess of 24 hours is due to the nature of the parent's work. A child day care center or center, whether known or incorporated under another title or name, is a child care program conducted in a location other than the provider's permanent residence, or separate from the provider's living quarters, where care is provided for children not related to the child care provider for any part of the twenty-four (24)-hour day.

Group Home Child Care: Group home child care provider is defined as two or more individuals who provide child care services for fewer than 24 hours per day, per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent's work. A group day care home where care is given by a person licensed as a group day care home provider for eleven (11), but not more than twenty (20), children not related to the child care provider for any part of the twenty-four (24)-hour day.

Family Child Care: Family child care provider is defined as one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent's work. A family day care where care is given by a person licensed as a day care home provider for no more than ten (10) children not related to the provider for any part of the twenty-four (24)-hour day.

5.1.2 Does your State/Territory exempt any child care providers that can receive CCDF from its licensing requirements?

X Yes. Describe which types of providers that can receive CCDF are exempt from licensing and how such exemptions do not endanger children who receive CCDF services from license-exempt providers <u>License exempt providers may include Schools</u>, <u>Religious In Compliance Facilities</u>, <u>individuals caring for four or less unrelated children</u>, <u>Military bases</u>, <u>Summer Camps</u>, <u>Out of State licensed and license exempt facilities</u>. <u>All license exempt providers must meet minimum Health and Safety requirements</u>.

	No
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5.1.3 Describe the status of the State/Territory's development and implementation of child care standards for providers receiving CCDF that address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))

Fully implemented and meeting all Federal requirements outlined above. Describe using 5.1.4 and 5.1.5 below.

- X Not implemented. If not implemented, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2016) 09/30/2016
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) <u>Substantially implemented</u>
  - Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>Licensed child care providers and religious in compliance</u> <u>child care centers are required to maintain ratios, based on the number of providers</u> <u>and the group size, in terms of the age of the children for each type of setting.</u>
  - Unmet requirement Identify the requirement(s) not fully implemented <u>Child care</u> facilities exempt from licensure (schools, summer programs, businesses) are nto currently required to maintain ratios, but will be required to maintain ratios to receive CCDF funding.
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <a href="Implement rule changes">Implement rule changes</a> and contract changes.
  - Projected start date for each activity <u>Activities to identify and implement ratios for</u>
     child care facilities exempt from licensure are in progress.
  - Projected end date for each activity 09/30/2016
  - Agency Who is responsible for complete implementation of this activity <u>Lead</u>
     <u>Agency</u>
  - Partners Who is the responsible agency partnering with to complete implementation of this activity <u>DHSS</u>
- 5.1.4 Describe how the State/Territory child care standards for providers receiving CCDF address appropriate ratios between the number of children and the number of providers and group size, in terms of the age of the children for each type of setting. (658E(c)(2)(H))
  - a) Licensed Center-Based Care
    - 1. Infant
      - State/Territory age definition 0 to 11 months
      - Ratio 1:4
      - Group size 8
    - 2. Toddler
      - State/Territory age definition 12-24 months
      - Ratio 1:5

- Group size 16
- 3. Preschool
  - State/Territory age definition 2-5 years of age who is not in kindergarten
  - Ratio 1:10
  - Group size None
- 4. School-Age
  - State/Territory age definition
     5 years up to 13 years of age and attending school
  - Ratio 1:16
  - Group size <u>None</u>
- 5. If any of the responses above are different for exempt child care centers, describe <a href="There are no set ratios for license exempt centers">There are no set ratios for license exempt centers</a>.
- 6. Describe, if applicable, ratios and group sizes for centers with mixed age groups: <u>Birth</u> through Two (2) Years. Groups composed of mixed ages through two (2)-years shall have no less than one (1) adult to four (4) children, with no more than eight (8)children in a group; Ages Three through Four (3—4) Years. Groups composed solely of three (3)-and four (4)-year olds shall have no less than one (1) adult to ten (10) children; Ages Five (5) and Up.
- b) Licensed Group Child Care Homes:
  - 1. Infant
    - State/Territory age definition: 0-11 months
    - Ratio: 1:4
    - Group size: 8
  - 2. Toddler
    - State/Territory age definition: 12-24 months
      - Ratio: 1:8
    - Group size: 16
  - 3. Preschool
    - State/Territory age definition: 2-5 years of age who is not in kindergarten for 5 year olds
    - Ratio: 1:10
    - Group size: None
  - 4. School-Age
    - State/Territory age definition: 5 years of age or older who is in kindergarten or elementary school
    - Ratio: 1:16
    - Group size: None
  - 5. Describe the maximum number of children that are allowed in the home at any one time, if the State/Territory requires the provider's own children to be included in the child-to-provider ratio or group size, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day <a href="Provider for 11">Provider for 11 but not more than 20, children not related to the child care provider</a>

6.	If any of the responses above are different for exempt group child care homes, describe
	There are no license exempt group homes.
	N/A. State/Territory does not have group child care homes.

### c) Licensed Family Child Care:

- 1. Describe the ratios \_\_\_\_\_, group size 10, the threshold for when licensing is required 5 unrelated, maximum number of children that are allowed in the home at any one time 10, if the State/Territory requires related children to be included in the Child-to-Provider ratio or group size No, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day The number of unrelated children under the age of two will affect the total number of children allowed.
- 2. If any of the responses above are different for exempt family child care home providers, describe Exempt family child care homes may not have more than four unrelated children.
- d) Any other eligible CCDF provider categories:

Describe the ratios None, group size 4 or less unrelated and no cap on number of related within the third degree, the threshold for when licensing is required when there are more than four unrelated children in care, maximum number of children that are allowed in the home at any one time 4 unrelated, if the State/Territory requires related children to be included in the child-to-provider ratio or group size No, or the limits on infants and toddlers or additional school-age children that are allowed for part of the day N/A

- 5.1.5 Describe how the State/Territory child care standards address required qualifications for providers appropriate to each type of setting, including the minimum age allowed, minimum education level, any specific content required related to the age of children. (658E(c)(2)(H))
  - a) ) Licensed Center-Based Care:
    - 1. Infant lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
    - 2. Toddler lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or

- twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
- 3. Preschool lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
- 4. School-Age lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
- 5. Director qualifications: Up to 20 Children Thirty (30) college semester hours, with six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience with six (6) college semester hours in child-related courses; or a CDA credential. 21—60 Children Sixty (60) college semester hours. Twelve (12) of the hours must be in child-related courses; or twenty-four (24) months' experience and twelve (12) college semester hours in child-related courses. 61—99 Children Ninety (90) college semester hours. Eighteen (18) of the ninety (90) hours must be in child-related courses; or thirty-six (36) months' experience and eighteen (18) college semester hours in child-related courses. 100 or More Children One hundred twenty (120) college semester hours. Twenty-four (24) of the one hundred twenty (120) hours must be in child-related courses. Six (6) of the twenty-four (24) college semester hours may include courses in business or management; or four (4) years' experience and twenty-four (24) college semester hours in childrelated courses. Six (6) of the twenty-four (24) college semester hours may include courses in business or management.

# b) Licensed Group Child Care Homes:

1. Infant lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential

- 2. Toddler lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
- 3. Preschool lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
- 4. School-Age lead teacher shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential and assistant teacher qualifications: shall have at least thirty (30) college semester hours, which six (6) of the thirty (30) hours in child-related courses; or twelve (12) months' experience and six (6) college semester hours in child-related courses; or a CDA credential
- N/A. State/Territory does not have group child care homes.
- c) Licensed Family Child Care home provider qualifications: shall be eighteen (18) years of age or older, have knowledge of the needs of children, and be sensitive to the capabilities, interest, and problems of children in care.
- d) Other eligible CCDF provider qualifications: must be eighteen (18) years of age or older.
- 5.1.6 The CCDBG Act of 2014 added a new provision specifying that States and Territories must 1) establish health and safety requirements for providers serving children receiving CCDF assistance relating to matters included in the topics listed below, and 2) have pre-service or orientation training requirements, appropriate to the provider setting, that address these health and safety topics. (658E(c)(2)(I)(i)) This requirement is applicable to all child care providers receiving CCDF regardless of licensing status (licensed or license-exempt). The only exception to this requirement is for providers who are caring for their own relatives, as States have the option of exempting relatives from some or all CCDF health and safety requirements. When establishing these requirements, States are encouraged to consider the age of children and type of child care setting to ensure that they are appropriate to the health and safety needs of the children from birth through age 12 and the providers who care for them.

- a) The State/Territory certifies that it has health and safety requirements for providers receiving CCDF in the following areas:
  - Prevention and control of infectious diseases (including immunization)
  - Prevention of sudden infant death syndrome and use of safe sleeping practices
  - Administration of medication, consistent with standards for parental consent
  - Prevention of and response to emergencies due to food and allergic reactions
  - Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
  - Prevention of shaken baby syndrome and abusive head trauma
  - Emergency preparedness and response planning for emergencies resulting from a natural disaster, or a man-caused event (such as violence at a child care facility), within the meaning of those terms under section 602(a) (1) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 U.S.C. 5195a(a)(1))
  - Handling and storage of hazardous materials and the appropriate disposal of bio contaminants
  - Precautions in transporting children (if applicable)
  - First aid and cardiopulmonary resuscitation (CPR) certification
- ☐ Yes. The State/Territory certifies that it has health and safety requirements for CCDF providers in these areas.
- X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
  - Overall Target Completion Date (no later than September 30, 2016) 09-30-2016
  - Current Status Describe the State/Territory's status toward complete
    implementation for any requirement(s) not fully implemented (not yet started,
    partially implemented, substantially implemented, other) partially implemented
    - Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>Many of the trainings have been developed and</u> are available to child care providers.
    - Unmet requirement Identify the requirement(s) not fully implemented <u>The specific subject matter requirements are not currently required of child care providers</u>. Specific health and safety requirements addressing each of the areas have not been identified for license exempt child care providers.

- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <u>Promulgate rules, update child care provider contracts, update policy</u>
  - o Projected start date for each activity In progress
  - o Projected end date for each activity <u>09/30/2016</u>
  - Agency Who is responsible for complete implementation of this activity
     Lead Agency
  - Partners Who is the responsible agency partnering with to complete implementation of this activity <u>DHSS</u>, <u>Missouri Child Care Aware</u>, <u>Missouri</u> Opportunities in a Professional Education Network
- b) The State/Territory certifies that it has pre-service (prior to initial service) or orientation (period from when service started) and ongoing training requirements, appropriate to the provider setting that address each of the requirements relating to the topic areas listed above. ACF expects these trainings will be part of a broader systematic approach and progression of professional development (as described in Section 6) within a State/Territory that will result in opportunities for child care providers to accumulate knowledge, competencies and credits toward eventual completion of a professional certification or higher education. The law does not specify a specific number of training or education hours but States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address these training requirements.
  - Yes. The State/Territory certifies that it has pre-service or orientation and ongoing training requirements appropriate to the provider setting that address each of the requirements relating to the topics listed above. Describe, including at a minimum 1) how the state/territory defines preservice or orientation period, 2) the minimum number of annual preservice or orientation hours required to meet these health, and safety requirements, and 3) ongoing training or education hours required to meet these health and safety requirements \_\_\_\_\_

X No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) 09/30/216
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) partially implemented

- Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>Many of the trainings have been developed and</u> <u>are available to child care providers.</u>
- Unmet requirement Identify the requirement(s) not fully implemented <u>The</u> specific subject matter requirements are not currently required of child care providers.

0

5.1.6

- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) 
   Promulgate rules, update child care provider contracts, update policy
  - Projected start date for each activity <u>In progress</u>
  - o Projected end date for each activity <u>09/30/2016</u>
  - Agency Who is responsible for complete implementation of this activity <u>Lead Agency</u>
  - Partners Who is the responsible agency partnering with to complete implementation of this activity <u>DHSS</u>, <u>Missouri Child</u>
     <u>Care Aware</u>, <u>Missouri Opportunities in a Professional Education</u>
     Network

	Nutrition. Describe
	Access to physical activity. Describe
	Screen time. Describe
X (	Caring for children with special needs. Describe Contracts to receive state or federal funding for
orc	oviding child care services are being revised to require that any child care provider caring for childre
wit	h special needs and receiving the rate differential complete an annual training on serving children
wit	h special needs as specified by the Lead Agency.
Χ	Other subject areas determined by the State/Territory to be necessary to promote child
dev	velopment or to protect children's health and safety. Describe Contracts to receive state or federal
fur	ding for providing child care services are being revised to include the requirement that providers
cor	nplete an annual training on child development as specified by the Lead Agency.

Does the State/Territory have health and safety requirements for any of the following optional areas?

5.1.7	grandp (98.41 relativ	oare (A)(i es fi	d Territories have the option to exempt relatives (as defined in CCDF regulations as ents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (ii)(A)) from CCDF health and safety training requirements. Does the State/Territory exempt from the requirement to receive pre-service or orientation health and safety training on any he listed topics? Note this exception applies if the individual cares ONLY for relative children.		
			Yes, all relatives are exempt from all health and safety training requirements. If the State/Territory exempts all relatives from the CCDF health and safety training requirements, describe how the State ensures the health and safety of children in relative care		
			Yes, some relatives are exempt from health and safety training requirements. If the State/Territory exempts some relatives from the CCDF health and safety training requirements, describe which relatives are exempt from which requirements (all or some) and include how the State/Territory ensures the health and safety of children in relative care		
		Χ	No, relatives are not exempt from CCDF health and safety training requirements.		
5.2 N	/lonitori	ng a	and Enforcement Policies and Practices		
5.2.1	provid	ers	Territory certifies that the State/Territory has in effect policies and practices to ensure that for children receiving assistance and their facilities comply with applicable State or local and health and safety requirements. (658E(c)(2)(J))		
			Yes. The State/Territory certifies that it has policies and practices to ensure compliance with plicable licensing and health and safety requirements for providers receiving CCDF and their illities. List the policy citation <a href="http://health.mo.gov/safety/childcare/lawsregs.php">http://health.mo.gov/safety/childcare/lawsregs.php</a>		
			No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.		
			<ul> <li>Overall Target Completion Date (no later than September 30, 2016)</li> <li>Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)</li> <li>Implementation progress to date – Identify any requirement(s) partially or substantially implemented</li> </ul>		
			<ul> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> </ul>		

<ul><li>Tasks/</li></ul>	'Activities – What specific steps will you take to implement the requirement
(e.g., l	egislative or rule changes, modify agreements with coordinating agencies,
etc.) _	
0	Projected start date for each activity
0	Projected end date for each activity
0	Agency – Who is responsible for complete implementation of this activity
0	Partners – Who is the responsible agency partnering with to complete
	implementation of this activity

- 5.2.2 The CCDBG Act of 2014 added the following provisions for enforcement of licensing which must be in effect no later than November 19, 2016 for all providers who serve children receiving CCDF (with the option to exempt relatives).
  - a. **Licensing Inspectors** It will have policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. (658E(c)(2)(K)(i)(I))

Yes. The State/Territory certifies that it has policies and practices that ensure that individuals who are hired as licensing inspectors in the State/Territory are qualified to inspect those child care providers and facilities and have received training in related health and safety requirements, and are trained in all aspects of the State's licensure requirements. List the policy citation and describe the qualifications, including at a minimum how inspector qualifications address training related to the language and cultural diversity of the providers, and how qualifications address being appropriate to the age of children in care and type of provider setting:

https://oa.mo.gov/personnel/classification-specifications/1000\_A Bachelor's degree from an accredited college or university with a minimum of 15 earned credit hours in one or a combination of the following: Elementary or Early Childhood Education, Sociology, Psychology, Child Development, Social Work, Nursing, or a closely related field. Upon employment inspectors are trained in how to access and utilize interpreter services. The degrees listed would include education in the area of child development.

No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no

later than November 19, 2016). Please provide brief text responses and descriptions only. Do n electronic

	only. Do not cut and paste charts or tables here. Your responses will be consolidated
	<ul> <li>electronically into an Implementation Plan summary report.</li> <li>Overall Target Completion Date (no later than November 19, 2016)</li> <li>Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)</li> <li>Implementation progress to date – Identify any requirement(s) partially or substantially implemented</li> </ul>
	<ul> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> </ul>
	<ul> <li>Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)</li> <li>Projected start date for each activity</li> <li>Projected end date for each activity</li> <li>Agency – Who is responsible for complete implementation of this activity</li> <li>Partners – Who is the responsible agency partnering with to complete implementation of this activity</li> </ul>
b.	Inspections for Licensed CCDF Providers - It will require licensing inspectors to perform inspections, with not less than one prelicensure inspection, for compliance with health, safety, and fire standards, of each such child care provider and facility in the State/Territory. It will require licensing inspectors to perform not less than annually, one unannounced inspection of licensed CCDF providers for compliance with all child care licensing standards, which shall include an inspection for compliance with health, safety, and fire standards (inspectors may inspect for compliance with all 3 standards at the same time. (658E(c)(2)(K)(i)(II))  X Yes. The State/Territory certifies that it has policies and practices regarding inspections for licensed CCDF providers. List the policy citation and describe the inspection requirements including the frequency of announced and unannounced visits CSR 30-62.042 provides
	No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.

<ul> <li>Overall Target Completion Date (no later than November</li> </ul>	oer 19, 2016)
<ul> <li>Current Status – Describe the State/Territory's status t</li> </ul>	oward complete
implementation for any requirement(s) not fully imple	mented (not yet started,
partially implemented, substantially implemented, oth	
<ul> <li>Implementation progress to date – Identify any rec</li> </ul>	· · · · · · · · · · · · · · · · · · ·
substantially implemented	
<ul> <li>Unmet requirement - Identify the requirement(s) r</li> </ul>	not fully implemented
<ul> <li>Tasks/Activities – What specific steps will you take to it</li> </ul>	mplement the
requirement (e.g., legislative or rule changes, modify a	greements with
coordinating agencies, etc.)	
<ul> <li>Projected start date for each activity</li> </ul>	
<ul> <li>Projected end date for each activity</li> </ul>	
<ul> <li>Agency – Who is responsible for complete imp</li> </ul>	lementation of this
activity	
<ul> <li>Partners – Who is the responsible agency part</li> </ul>	nering with to complete
implementation of this activity	
s) Inspections for License Everent CCDE Providers (everent these comis	as valativas) It will bave
c) Inspections for License-Exempt CCDF Providers (except those serving policies and practices that require licensing inspectors (or explified ma	•
policies and practices that require licensing inspectors (or qualified mo	• ,
Lead Agency) of child care providers and facilities to perform an annua	_
license-exempt CCDF provider (unless the provider is described in section (GERE(A)(2)(K)(ii)(N))	UII (036P(0)(B)).
(658E(c)(2)(K)(ii)(IV))	
Yes. The State/Territory certifies that it has policies and practice	es regarding inspections
for license-exempt CCDF providers. List the policy citation and	describe the annual
monitoring visit requirements :	
V. No. If no the State/Torritory must provide a State/Torritory on	a sific implementation
X No. If no, the State/Territory must provide a State/Territory-sp	•
plan for achieving compliance with this requirement, including	
necessary legislative or regulatory steps to complete, and targe	•
later than November 19, 2016). Please provide brief text respo	•
only. Do not cut and paste charts or tables here. Your response	es will be consolidated
electronically into an Implementation Plan summary report.	
<ul> <li>Overall Target Completion Date (no later than November 1</li> </ul>	.9. 2016) 10/01/2016
<ul> <li>Current Status – Describe the State/Territory's status towa</li> </ul>	• •
implementation for any requirement(s) not fully implemen	·
partially implemented, substantially implemented, other)	. ,
<ul> <li>Implementation progress to date – Identify any requireme</li> </ul>	
substantially implemented <u>State legislation passed to allow</u>	• • • •
unscheduled on-site monitoring of child care providers pri	=
federal funds and annually thereafter.	

- Unmet requirement Identify the requirement(s) not fully implemented: <u>State</u>
   regulations to conduct initial and annual on-site unannounced site visits and health
   and safety requirements for license-exempt and registered providers and appeal
   process for denial or revocation have not been promulgated. As a result, the
   requirements for license-exempte and registered child care providers and the
   processes for implementation have not been drafted for implementation.
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Promulgate state regulations for initial and annual monitoring of licensed-exempt and registered child care providers applying or receiving child care subsidy as of 09-30-2016. Draft health and safety requirements that licensed-exempt and registered child care providers will be required to be incompliance, policies and procedures for conducting on-site unannounced intial and annual site inspections, appeal processes for license exempt and registered providers who are denied or revoked to receive child care subsidy.
- Projected start date for each activity
  - 06-01-2015 <u>Promulgate state regulations for initial and annual monitoring</u> of licensed-exempt and registered child care providers applying or receiving child care subsidy as of 09-30-2016.
  - 12-01-205 <u>Draft health and safety requirements that licensed-exempt and registered child care providers will be required to be incompliance, policies and procedures for conducting on-site unannounced intial and annual site inspections, appeal processes for license exempt and registered providers who are denied or revoked to receive child care subsidy.
    </u>
- Projected end date for each activity
  - 09-30-2016 Promulgate state regulations for initial and annual monitoring of licensed-exempt and registered child care providers applying or receiving child care subsidy as of 09-30-2016.
  - O9-30-2016 Draft health and safety requirements that licensed-exempt and registered child care providers will be required to be incompliance, policies and procedures for conducting on-site unannounced intial and annual site inspections, appeal processes for license exempt and registered providers who are denied or revoked to receive child care subsidy.
- Agency Who is responsible for complete implementation of this activity <u>Lead</u>
   Agency
- Partners Who is the responsible agency partnering with to complete implementation of this activity N/A

d)	Ratio of Licensing Inspectors – It will have policies and practices that require the ratio of licensing inspectors to such child care providers and facilities in the State/Territory to be maintained at a level sufficient to enable the State to conduct inspections of such child care providers and facilities on a timely basis in accordance with Federal, State, and local law. (658E(c)(2)(K)(i)(III))
	X Yes. The State/Territory certifies that it has policies and practices regarding the ratio of licensing inspectors to such child care providers and facilities in the State/Territory. List the policy citation and list the State/Territory ratio of licensing inspectors: It is the policy of the Department of Health and Senior Services to set ratio of licensing inspectors to the number of facilities based on appropriations for personnel services.
	□ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
	<ul> <li>Overall Target Completion Date (no later than November 19, 2016)</li> <li>Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)</li> <li>Implementation progress to date – Identify any requirement(s) partially or substantially implemented</li> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> </ul>
	<ul> <li>Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)</li> <li>Projected start date for each activity</li> <li>Projected end date for each activity</li> <li>Agency – Who is responsible for complete implementation of this activity</li> </ul>
	<ul> <li>Partners – Who is the responsible agency partnering with to complete implementation of this activity</li> </ul>
	e) <b>Child Abuse and Neglect Reporting</b> – That child abuse reporting requirements are in place and comply with section of the Child Abuse Prevention and Treatment Act (42 U.S.C 5106a(b)(2)(B)(i)) (658E(c)(2)(L))
	X Yes. Fully implemented and meeting all Federal requirements outlined above. List the

Lead Agency's policy citation(s) RSMo 210.115

		□ No. If no, the State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than November 19, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
		<ul> <li>Overall Target Completion Date (no later than November 19, 2016)</li> <li>Current Status – Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other)</li> <li>Implementation progress to date – Identify any requirement(s) partially or substantially implemented</li> </ul>
		<ul> <li>Unmet requirement - Identify the requirement(s) not fully implemented</li> </ul>
		<ul> <li>Tasks/Activities – What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.)</li> <li>Projected start date for each activity</li> <li>Projected end date for each activity</li> <li>Agency – Who is responsible for complete implementation of this activity</li> <li>Partners – Who is the responsible agency partnering with to complete</li> </ul>
5.2.3	grandparer (98.41(A)(i	implementation of this activity  Territories have the option to exempt relatives (as defined in CCDF regulations as nts, great-grandparents, siblings if living in a separate residence, aunts, and uncles, i)(A)) from inspection requirements. Note this exception only applies if the individual cares elative children. Does the State/Territory exempt relatives from inspection requirements 2.2?
		Yes, all relatives are exempt from all inspection requirements. If the State/Territory exempts all relatives from the inspection requirements, describe how the State ensures the health and safety of children in relative care.
		Yes, some relatives are exempt from inspection requirements. If the State/Territory exempts some relatives from the inspection requirements, describe which relatives are exempt and include how the State/Territory ensures the health and safety of children in relative care.
	Х	No, relatives are not exempt from inspection requirements.

### 5.3 Criminal Background Checks

The CCDBG Act of 2014 added new requirements for States and Territories receiving CCDF funds to conduct criminal background checks on child care staff members and prospective staff members of child care providers. States and Territories are required to have requirements, policies, and procedures in place to conduct criminal background checks for staff members of child care providers (other than relatives) that are licensed, regulated or registered under State/Territory law or receive CCDF funds. Background check requirements apply to any staff member who is employed by a child care provider for compensation or whose activities involve the care or supervision of children or unsupervised access to children. For family child care homes, this includes the caregiver requesting a check of him/herself, as well as any other individuals in the household that may have unsupervised access to children. These provisions must be in place no later than September 30, 2017.

The CCDBG Act of 2014 specifies what a comprehensive criminal background check includes and a child care provider must submit a request to the appropriate State/Territory agency for a criminal background check for each child care staff member, including prospective child care staff members at least once every 5 years. A criminal background check must include a search of: State criminal and sex offender registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years; State child abuse and neglect registry in the State where the staff member resides and each State where the staff member has resided over the past 5 years, National Crime Information Center (run by the FBI); FBI fingerprint check using Next Generation Identification; and National Sex Offender Registry.

Child care staff members cannot be employed by a provider receiving CCDF if they refuse a background check; make materially false statements in connection with the background check; are registered or required to be registered on the State or National Sex Offender Registry; have been convicted of a felony consisting of: murder, child abuse or neglect, crimes against children, spousal abuse, crime involving rape or sexual assault, kidnapping, arson, physical assault or battery, or subject to an individual review, at the State's option, a drug-related offense committed during the preceding 5 years; or have been convicted of a violent misdemeanor committed as an adult against a child.

Timeliness of background checks - The State/Territory must conduct the background checks as quickly as possible and shall not exceed 45 days after the child care provider submitted the request. The State/Territory shall provide the results of the background check in a statement that indicates whether the staff member is eligible or ineligible, without revealing specific disqualifying information. If the staff member is ineligible, the State/Territory will provide information about each disqualifying crime to the staff member.

Fees for background checks – Fees that a State/Territory may charge for the costs of processing applications and administering a criminal background check may not exceed actual costs to the State/Territory for processing and administration.

Transparency – The State/Territory must ensure that policies and procedures for conducting criminal background checks are published on the State/Territory's consumer education website (also see section 2.3) or other publicly available venue.

Appeals process – The State/Territory shall have a process for a child care staff member to appeal the results of their background check to challenge the accuracy and completeness.

Privacy considerations - Lead Agency may not publicly release the results of individual background checks. They may release aggregated data by crime as long as the data does not include personally identifiable information.

5.3.1	Describe the status of the State/Territory's requirements, policies, and procedures for criminal
	background checks for child care staff members and child care providers.

Fully implemented and meeting all Federal re	quirements outlined above. List the policy
citation within the Lead Agency's rules	and describe the policies and procedures for
criminal background checks using 5.3.2 throu	gh 5.3.9 below.

- X Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2017). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
- Overall Target Completion Date (no later than September 30, 2017) 09-30-2017
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) <u>Partially implemented</u>
  - Implementation progress to date Identify any requirement(s) partially or substantially implemented Substantially implemented. Child Care providers serving four or less unrelated children receiving child care subsidy are required to register with the Family Care Safety Registry and submit fingerprints to the Missouri Highway Patrol for state and national criminal background screenings. All person's, over the age of 17, living in the provider's home are required to register with the The Family Care Safety Registry. The Family Care Safety Registry provides background screenings for child abuse and neglect, sex offenders registry, division of aging's employee disqualification list; the department of mental health's employee disqualification registry: Foster parent licensure denials, revocations and involuntary suspensions; Child-care facility license denials, revocations and suspensions; residential living facility and nursing home license denials, revocations, suspensions and probationary status. The provider is responsible for the cost of fingerprinting background checks and registering with the Family Care Safety Registery. The criminal information from the fingerprint checks are sent to the Lead Agency through a secure electronic system from the Missouri State Highway Patrol. The Lead Agency limits the access to the electronic system to only those staff required to review results to determine if a provider should be registered. Results from the Family Care Safety Registry are provided electronically from the Department of Health and Senior Services. The information received is limited to those staff required to review results to determine if a provider should be registered. Providers, serving four or less unrelated children, who are deined registration to receive subsidy or whose registration is revoked due to results of the criminal background

check or Family Care Safety Registry may request an appeal through the Administrative Hearings Unit in the Department of Social Services, Division of Legal Serices.

- Child care providers serving four or less unrelated children are not required to have background checks (criminal, child abuse and neglect, or sex offender registry in state in which the provider resided five years prior to applying for registration. In addition, the requirement for every five year criminal background check is not required. The Lead Agency's website does not fully list all background checks and screenings required to be registered to receive child care subsidy.

  Licensed providers and their employees and volunteers are required to undergo a Missouri Child abuse and neglect screening and a Missouri Criminal history record check; the use of the Family Care Safety Registry is not mandated. Child abuse and neglect screening and criminal history check are required at intial license application, within 10 days of employment, and every two years. No out of state screenings or criminal background checks are required. Licesning rules do not list specific convictions that would disqualify a provider, employees or volunteers. Licensed Exempt providers are not required to have background screenings and checks.
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <u>Legislation will be required to fully implement the requirement to conduct criminal background checks on child care staff members and prospective staff members of child care providers. Upon passage of legislation regulations will need to be promulgated. The Lead agency will draft requirements, policies, and procedures to conduct criminal background checks for staff members of child care providers that are licensed, regulated or registered in Missouri.</u>
  - Projected start date for each activity:
    - o 01/2016 request legislative authority;
    - Upon legislative approval Lead Agency will draft regulations to be promulgated;
    - o <u>Upon passage of legislation draft requirements, policies and procedures</u>
  - Projected end date for each activity
    - Passage of legislative authority to fully implement criminal background checks 05-31-2017;
    - Lead Agency will draft regulations to be promulgated 07-31-2017;
    - o Lead Agency implement requirements, policies and procedures 10-01-2017
  - Agency Who is responsible for complete implementation of this activity <u>Lead</u>
     Agency
  - Partners Who is the responsible agency partnering with to complete implementation of this activity <u>Department of Health and Senior Services</u>, <u>Section</u> for Child Care Regulation

- 5.3.2 Describe the process and procedures for conducting background checks in a timely manner, including which agency/entity is responsible and how the Lead Agency ensures that background checks performed by a 3<sup>rd</sup> party meet the requirements, protecting the privacy of child care staff members, and appealing the results of background checks. Child Care providers serving, four or less unrelated children, are provided with instructions and forms for having criminal background checks and Family Care Safety Registry (FCSR) screenings conducted. The providers are able to complete the registration for criminal background checks and FCSR on line. Once the provider has fingerprints taken and submitted by the third party vendor, results are received by the Lead Agency in approximately 10 working days. FCSR results are provided electronically to the Lead Agency in approximately five working days. The criminal information from the fingerprint checks are sent to the Lead Agency through a secure electronic system from the Missouri State Highway Patrol. The Lead Agency limits the access to the electronic system to only those staff required to review results to determine if a provider should be registered. Results from the Family Care Safety Registry are provided electronically from the Department of Health and Senior Services. The information received is limited to those staff required to review results to determine if a provider should be registered. Providers, serving four or less unrelated children, who are deined registration to receive subsidy or whose registration is revoked due to results of the criminal background check or Family Care Safety Registry may request an appeal through the Administrative Hearings Unit in the Department of Social Services, Division of Legal Serices.
- 5.3.3 Describe how the State/Territory is helping other States process background checks, including any agencies/entities responsible for responding to requests from other states Other states may have providers register with Missouri's Family Care Safety Registry to receive results on child abuse and neglect, sex offenders registry, division of aging's employee disqualification list; the department of mental health's employee disqualification registry; Foster parent licensure denials, revocations and involuntary suspensions; Child-care facility license denials, revocations and suspensions; residential living facility and nursing home license denials, revocations, suspensions and probationary status. Information on the FCSR and a link to the website will be placed on the Lead Agency's website.

5.3.4	Does the State/Territory have a review process for individuals disqualified due to a felony drug offense
	to determine if that individual is still eligible for employment?
	☐ Yes. Describe

5.3.5 Does the State/Territory disqualify child care staff members based on their conviction for other crimes not specifically listed in 5.3?

Yes. Describe

Χ

Χ

No

No

5.3.0	grandparents, great-grandparents, siblings if living in a separate residence, aunts, and uncles, (98.41(A)(ii)(A)) from background check requirements. Note this exception only applies if the individual cares ONLY for relative children. Does your State State/Territory exempt relatives from background checks?			
	☐ Yes, all relatives are exempt from all background check requirements.			
	☐ Yes, some relatives are exempt from the background check requirements. Describe which relatives are exempt			
	X No, relatives are not exempt from background checks.			
5.3.7	Describe how the State/Territory ensures that fees charged for completing the background checks do not exceed the actual cost of processing and administration, regardless of whether conducted by the State/Territory or a 3 <sup>rd</sup> party vendor or contractor, Lead Agencies can report that no fees are charged applicable			
5.3.8	Describe how background check policies and procedures are published on the State/Territory consumer education website or made publicly available on another venue <u>Current background</u> screening policies are provided in written form to child care providers serving four or less unrelated <u>children</u> and the <u>Department of Health and Senior Services</u> , <u>Section for Child Care Regulation posts requirement on their website</u> .			
5.3.9	Does the Lead Agency release aggregated data by crime?			
	☐ Yes. List types of crime included in the aggregated data			
	X No			

# 6 Recruit and Retain a Qualified and Effective Child Care Workforce

Teacher-child interactions and relationships, intentional strategies to engage children and their parents, and use of curriculum and assessment to inform practices with children are key components of high quality child care. These require a competent, skilled, and stable workforce. Research has shown that specialized training and education, positive and well-organized work environments and adequate compensation promote teacher recruitment, stability, diversity of the early childhood workforce, and effectiveness with young children in child care. In addition, professional development strategies that emphasize on-site mentoring and coaching of teachers have emerged as promising to change practices with children and families. Professional development, whether training, on-site coaching and mentoring, registered apprenticeship, or higher education coursework, should reflect the research and best practices of child development in all domains and cultural competence.

The CCDBG Act of 2014 requires States and Territories to establish professional development and training requirements in key areas such as health and safety, early learning guidelines, responding to challenging behavior and engaging families. States and Territories are required to offer ongoing annual training and to establish a progression of professional development opportunities to improve knowledge

and skills of CCDF providers. (658E(c)(2)(G)) An example of how a State/Territory might address this is to establish a system or framework of professional development that includes professional standards, a "career ladder" that allows an individual to build knowledge and skills in a cumulative manner from introductory training to advance level education, including obtaining credentials and post-secondary degrees. Professional development should be designed in a manner that aligns to competencies and qualifications that reflect working with children of different ages, English language learners, children with disabilities and the differentiated roles in all settings, such as teachers, teacher assistants, and directors. Training and education supporting professional development is also one of the options States and Territories have for investing their CCDF quality funds. (658G(b)(1)) ACF encourages States and Territories to collaborate and coordinate with other early childhood educator professional development resources, such as Race to the Top Early Learning Challenge grants, quality funds available through the Preschool Development grants, and funds available through Head Start and Early Head Start, to the extent practicable. Responsive, well-qualified adult caregivers are one of the most important factors in children's development and learning in child care settings. ACF strongly encourages States and Territories to link CCDF health and safety trainings (see Section 5) and child development trainings and education to this broader professional development framework as the foundation for building a knowledgeable early childhood education workforce. Questions related to requirements for recruiting and retaining a qualified and effective child care workforce have been consolidated into Section 6.

### 6.1 Training and Professional Development Requirements

The CCDBG Act of 2014 added a requirement that the State/Territory develop training and professional development requirements designed to enable child care providers to promote the social, emotional, physical and cognitive development of children and to improve the knowledge and skills of the child care workforce. Such requirements shall be applicable to child care providers caring for children receiving CCDF across the entire age span from birth through age 12. (658E(c)(2)(G)) Training and professional development should be accessible and appropriate across settings and types of providers, including family child care home providers and child care center staff.

The State/Territory also must develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services. (658E(c)(2)(V))

For purposes of this section, the term professional development is inclusive of credit bearing coursework, postsecondary degree programs, and technical assistance (targeted assistance such as mentoring, coaching or consultation) activities. Health and safety topics that require renewal of a credential or certification should be considered continuing education unit trainings.

6.1.1 Describe the status of the State/Territory's professional development system or framework, including training and professional development requirements to enable child care providers to promote the social, emotional, physical, and cognitive development of children and to improve the knowledge and skills of the child care workforce.

The Lead Agency assures that the State/Territory's training and professional development requirements:

- a) Provide ongoing training and professional development that is accessible for the diversity of providers in the State/Territory; provide for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool, and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities); and improve the quality and stability of the child care workforce (such as supports an individual to build on entry- and mid-level training and education (which may include higher education) to attain a higher level credential or professional certification and retention in the child care program).
- b) Are developed in consultation with the State Advisory Council (SAC) on Early Childhood Education and Care or other state or state-designated cross-agency body if there is no SAC that addresses training, professional development and education of child care providers and staff.
- c) Incorporate knowledge and application of the State/Territory's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporate social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2)
- d) Are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF
- e) Appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups, English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians.
  - ☐ Fully implemented and meeting all Federal requirements outlined above. Describe using 6.1.2 through 6.1.6 below.
  - Not implemented. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
    - Overall Target Completion Date (no later than September 30, 2016) <u>September 30, 2016</u>
    - Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) <u>Partially implemented</u>
- f) Implementation progress to date Identify any requirement(s) partially or substantially implemented Pre-service and core training requirements have been identified and arrangements are being made for this training to be posted on the already-existing statewide training calendar as it becomes available; continuing professional development for child care providers is already available through the training calendar and capable of being tracked and maintained via the OPEN network for workforce data purposes; the Lead Agency is represented on the Early Childhood workgroup of the Coordinating Board for Early Childhood (Missouri's SAC), which has been intricately involved in the planning process associated with implementation of changes required by the law; the Lead

Agency collaborates with the Department of Elementary and Secondary Education's Early Childhood section, which is responsible for the development and maintenance of the state's early learning guidelines, the Department of Health and Senior Services' Nurse Health Consultation program that provides basic health and safety training to child care providers statewide, and the Department of Mental Health, which provides assessment and services for children with special needs through its First Steps program; training costs are either free or subsidized by the Lead Agency, making them affordable to child care providers caring for children receiving child care assistance, and training topics are designed to cover all age groups (birth to 13 years) and abilities; some training is offered via webinar, also, so child care providers do not have to travel to participate.

- Unmet requirement Identify the requirement(s) not fully implemented <u>Rule</u>
   promulgation, training implementation
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <u>The Lead Agency is well into the process of developing new rules for promulgation, the identification of training that providers will be required to complete if they wish to care for children receiving child care assistance, and collaborating with contracted agencies for the development and expansion of services to accommodate the changes required by the law.
  </u>
  - Projected start date for each activity <u>All activities have been started</u>
  - Projected end date for each activity September 30, 2016
  - o Agency Who is responsible for complete implementation of this activity <u>Lead Agency</u>
  - Partners Who is the responsible agency partnering with to complete implementation of this activity The resource, referral, and training contractor, Child Care Aware® of Missouri, the Department of Health and Senior Services' Section for Child Care Regulation, and the Opportunities in a Professional Education Network (OPEN), the state's contracted early child care professional workforce data collection system.
- 6.1.2 Describe how the State/Territory provides ongoing training and professional development that is accessible for the diversity of providers in the State/Territory, provides for a progression of professional development reflecting research and best practice to meet the developmental needs of participating infants, toddlers, preschool and school-age children and that is aligned to foundational and specialized competencies (including different ages of children, English language learners, and children with disabilities) and improves the quality and stability of the child care workforce. Use the checkboxes below to identify and describe the elements of the progression of professional development. Check all that apply.
  - State/Territory professional standards and competencies. Describe <u>Child care providers in licensed</u> <u>child care facilities are required to complete 12 clock hours of training approved by the Department of Health and Senior Services between January 1 and December 31 each year.</u>
  - □ Career ladder or lattice. Describe The Early Childhood and School Age Education Matrix maintained by the OPEN Initiative at <a href="https://www.openinitiative.org/Resources.html">https://www.openinitiative.org/Resources.html</a> is used to informally assess staff education levels and provides child care professionals a foundation for planning their professional development progression.

☑ Articulation agreements between two- and four-year postsecondary early childhood education or
degree programs. Describe The Lead Agency maintains a Memorandum of Understanding with the
Department of Elementary and Secondary Education for the Child Development Associate Systems
grant, with articulation agreements for institutions and grantees negotiated individually, that allows
child care providers to begin the professionalization process within their career field by achieving
the first level of certification.
☐ Community-based training approved by a state regulatory body to meet licensing or regulatory
requirements. Describe
<ul> <li>Workforce data, including recruitment, retention, registries or other documentation, and</li> </ul>
compensation information. Describe The Lead Agency contracts with the Opportunities in a
Professional Education Network (OPEN) Initiative https://www.openinitiative.org/ to maintain the
Missouri Professional Development Registry to track child care clock training hours, education
levels, work experience, First Aid and CPR certification, and other professional development
standards for child care professionals that enroll in the Registry; those who enroll can access and
update their personal information and monitor their professional development data and
progression using a MOPD ID number via a secure website called the Toolbox.
Advisory structure that provides recommendations for the development, revision, and
implementation of the professional development system or framework. Describe The Lead Agency is
a participating member of the state's Coordinating Board for Early Childhood
(http://dss.mo.gov/cbec/index.htm)
☐ Continuing education unit trainings and credit-bearing professional development. Describe
☑ State-approved trainings. Describe The Lead Agency, as a result of the passage of the law, will begin
requiring training for child care providers registered to receive payment for providing care to
children receiving child care assistance. It has identified a series of pre-service and core training
that will be available on the Missouri Workshop Calendar, maintained through the Lead Agency's
contract with Child Care Aware® of Missouri. Through its Memorandum of Agreement with the
Department of Health and Senior Services, the Lead Agency already assures that multiple levels of
state-approved training aligned with the Core Competencies are available via the Missouri
Workshop Calendar for access by child care providers statewide to advance their professional
development.
☐ Inclusion in state and/or regional workforce and economic development plans. The Lead Agency is
working with local Workforce Investment Boards to train employees to assist in processing child
care subsidy applications and identify a child care provider through the state's resource and referral
agency. The Lead Agency is also educating the Workforce Investment Boards on the process for
becoming a registered subsidy provider in order to increase the availability of child care providers.
☐ Other. Describe
Describe how the State/Territory developed its training and professional development requirements in
consultation with the State Advisory Council (SAC) on Early Childhood Education and Care (if applicable)
or other state or state-designated cross-agency body if there is no SAC The Lead Agency serves on the
Coordinating Board for Early Childhood and participates in the Early Childhood and Education

6.1.3

- Workgroup. The workgroup meets regularly to draft recommendations for development of training and professional development as well as how to support and retain the state's child care workforce.
- 6.1.4 Describe how the State/Territory incorporates knowledge and application of the State's early learning and developmental guidelines (where applicable), the State/Territory's health and safety standards (as described in section 5), and incorporates social-emotional/behavioral and early childhood mental health intervention models, which may include positive behavior intervention and support models (as described in Section 2) into its training and professional development requirements The diversity of the Lead Agency's services requires different training and professional development requirements for individual programs, depending on the service being provided.

The Lead Agency's Educare contract requires that all educators working with child care programs receiving child care assistance obtain a minimum of 12 clock hours of training in early childhood education or related fields during each 12-month contract period, and may use funding provided through the contract to pay for the training, which may include training in the three curricula (Supporting Care Providers through Personal Visits and/or Supporting Infant/Toddler Care Providers; Emotional Beginnings; Heartland Family Child Care Handbook) the state has approved to be used in this program.

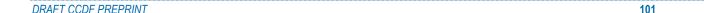
The Lead Agency has contracts in the metropolitan areas of St. Louis and Kansas City with the statemandated Community Partnerships for out-of-school time child care services in approximately 130 locations licensed for child care. Child care staff at these locations are required by contract to participate in on-going development and training in youth development or related fields based on each contractor's professional development plan that outlines the education and specialized training necessary to meet the obligations and objectives of the out-of-school-time funding and that is consistent with the Core Competencies for Early Childhood and Youth Professionals.

The Memorandum of Understanding (MOU) the Lead Agency has with the Department of Elementary and Secondary Education (DESE) requires that DESE offer educational opportunities throughout its 10 regions statewide that focus on developmentally- and age-appropriate practices for children being served with funding from the Lead Agency. This MOU also provides funding to DESE to offer grants to Missouri career/technical schools and post-secondary educational institutions to provide Child Development Associate credentialing programs to child care providers or those interested in working in the child care field.

The Lead Agency's partner, the Department of Health and Senior Service's Section for Child Care Regulations, requires that nursery schools not operated by religious organizations and licensed child care facilities obtain at least 12 clocks hours of approved child care-related training during each year of employment in health, safety, nutrition, guidance and discipline, appropriate activities and learning experiences for children, positive communication and interaction with parents, planning and setting up an appropriate environment for children, professional and administrative practices, or other childrelated area.

The Lead Agency is in the process of establishing rules requiring pre-service and core training requirements and additional professional development requirements for child care providers registered with the state to receive payment for providing care to children receiving child care assistance. The basic pre-service training will consist of first aid and cardiopulmonary resuscitation training, child care subsidy orientation training, preventing sudden infant death syndrome and safe sleep training (if serving infants under one year of age), preventing shaken baby syndrome and abusive head trauma, and child abuse and neglect reporting. More advanced training for these registered providers will include infectious disease prevention and control; hand-washing and universal health precautions; medication and parental consent; sanitary food handling; prevention and response to food allergy emergencies; building and physical premises safety; emergency and disaster response; handling and storage of hazardous materials; protection for hazards that can cause bodily harm; the physical, social, and emotional development of children; and transportation of children. Most of these training components would meet the requirements of the Department of Health and Senior Services' Section for Child Care Regulation if the registered child care provider decided to become licensed.

6.1.5 Describe how the State's training and professional development requirements are accessible to providers supported through Indian tribes or tribal organizations receiving CCDF (as applicable) N/A – There are no recognized Indian tribes or tribal organizations in Missouri



6.1.6 Describe how the State/Territory's training and professional development requirements are appropriate, to the extent practicable, for child care providers caring for children receiving child care subsidies, including children of different age groups (such as specialized credentials for providers who care for infants and/or school-age children), English language learners, children with disabilities, and Native Americans, including Indians and Native Hawaiians. The Missouri Department of Health and Senior Services' Section for Child Care Regulation has long had rules in place requiring specific training requirements for licensed and some license exempt child care providers. Approved training is offered statewide via the Lead Agency's resource, referral, and training agency Child Care Aware® of Missouri's Workshop Calendar at http://www.moworkshopcalendar.org/. In state fiscal year 2015, there were a total of 137 different training sessions offered for a total of 381 training hours. Some of these training sessions are face-to-face and some are offered via an Internet-based webinar format. The Missouri Training Calendar also provides links to on-line on-demand training from various prestigious providers as Pennsylvania State University Extension, the ChildCare Education institute, the Child Care Lounge, the CypherWorx MOSAC2 Learning Lab, the Early Childhood Academy, FEMA, Healthy Child America, the University of Missouri Extension, the National Alliance Strengthening Families, the Thompson Center for Autism, and many more. Links are also provided for national and regional conferences and associations training, as well as first aid and CPR training statewide. Child care providers also have the option of requesting training on specific topics if it is not being offered at a regularly scheduled time. Regularly scheduled topics include infant/toddler and youth development curricula covering topics ranging from developmentally appropriate behavior, to health and wellness, to interactions with children and families, and professionalism. A 10-module series of Preventing Child Abuse and Neglect training is also regularly offered, as well as the 4-module Social and Emotional Foundations for Early Learnings training. The Department of Health and Senior Services, through its MOU with the Lead Agency, offers the A Place for All Children training (14 modules) designed to help child care providers understand working with special needs children and how to create an inclusive environment.

Although all of the above-mentioned training options have been available to them, to date, there have not been any specific training requirements in place for those non-licensed child care providers registered with the Lead Agency to receive payment for providing care to children receiving child care subsidies. In most cases, these child care providers are caring for four or less non-related children in their home and are family, friends, or neighbors who have no formal child care training. Due to passage of the law, however, as discussed at 6.1.4, the Lead Agency is in the process of promulgating rules to pre-service and core training for these providers, which will be available via the Missouri Workshop Calendar as described above. These training sessions are meant to be introductory in nature for these care providers, but broad enough in nature that they will provide the care provider a general understanding of the nature of their responsibility and, hopefully, the desire to continue their

	professional development via the system already in place.				
6.1.7	Describe the strategies the State/Territory uses to recruit and retain providers who will serve eligible				
	children. Check all that apply and describe.				
	☐ Financial assistance for attaining credentials and post-secondary degrees. Describe				
	☐ Financial incentives linked to education attainment and retention. Describe				
	☐ Registered apprenticeship programs. Describe				

		Outreach to high school (including career and technical) students. Describe
		Policies for paid sick leave. Describe
	X	Policies for paid annual leave. Describe Child Care Assistance manual, 1225.020.00 Absences and
		Holidays at http://dssweb.cds.state.mo.us/fsd/manual/chldcare/1225-020-00.html
		Policies for health care benefits. Describe
		Policies for retirement benefits. Describe
		Support for providers' mental health (such as training in reflective practices and stress reduction
		techniques, health and mental health consultation services). Describe
	•	Other. Describe Child care rate enhancements over their base rate are available to child care
		providers for those that provide services to a child with special needs (25%), have obtained
		accreditation by an accrediting organization recognized by the Lead Agency (20%), and/or, if
		licensed, provide care for a disproportionate share (a minimum of 50% of the total number or
		children in their care) of children receiving child care assistance from the Lead Agency (30%)
6.1.8	De	scribe how the State/Territory will recruit providers for whom English is not their first language, or
	wh	o will serve and be available for families for whom English is not their first language. The Lead Agency
	wil	I work with the state's four regional Refugee Resettlement agencies in developing a plan that will
	ado	dress recruitment of providers for whom English is not their first language. The Lead Agency will use
	cur	rent interpreter services to communicate with the recruited providers.
6.1.9	Но	w will the Lead Agency overcome language barriers to serve providers for whom English is not their
	firs	t language? Check the strategies, if any, that your State/Territory has chosen to implement.
		Informational materials in non-English languages
	$\boxtimes$	Training and technical assistance in non-English languages
		CCDF health and safety requirements in non-English languages
		Provider contracts or agreements in non-English languages
	$\overline{\sqcap}$	Website in non-English languages
	$\overline{\boxtimes}$	Bilingual caseworkers or translators available
		Collect information to evaluate on-going need, recruit, or train a culturally or linguistically diverse
		workforce
		Other
		None
	If t	he Lead Agency checked any option above related to providing information or services in other non-
		glish languages, please list the primary languages offered (top 3) or specify that the State has the
		lity to have translation/interpretation in all primary and secondary languages Materials are available
		Spanish and Bosnian and the state agencies maintain a contract with translation and interpretation

services.

- 6.1.10 The State/Territory must use CCDF for activities to improve the quality or availability of child care, including training and technical assistance to providers on identifying and serving homeless children and families. (658E(c)(3)(B)(i) Describe the status of the State/Territory's training and technical assistance to providers on identifying and serving homeless children and their families (connects to Section 3.2.2).
  - Yes. The State certifies that no later than September 30, 2016 it will provide training and technical assistance to providers on identifying and serving homeless children and their families. Describe that training and technical assistance for providers \_\_\_\_\_
  - No. The State/Territory must provide a State/Territory-specific implementation plan for achieving compliance with this requirement, including planned activities, necessary legislative or regulatory steps to complete, and target completion date (no later than September 30, 2016). Please provide brief text responses and descriptions only. Do not cut and paste charts or tables here. Your responses will be consolidated electronically into an Implementation Plan summary report.
    - Overall Target Completion Date (no later than September 30, 2016) September 30, 2016
    - Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) Partially Implemented
      - Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>Lead Agency has begun collaboration with the Department of Elementary and</u> <u>Secondary Education board appointed Homeless Coordinator to determine the state's</u> <u>needs.</u>
      - Unmet requirement Identify the requirement(s) not fully implemented <u>Lead Agency will</u> continue to collaborate with the Homeless Coordinator and local homeless liaisons to <u>develop training and technical assistance for child care providers.</u>
    - Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) <u>Develop</u> agreements with the <u>Department of Elementary and Secondary Education, modify agreements</u> with <u>Child Care Aware of Missouri and Department of Health and Senior Services to develop and implement training.</u>
      - Projected start date for each activity January 1, 2016
      - Projected end date for each activity September 30, 2016
      - Agency Who is responsible for complete implementation of this activity <u>Lead Agency</u>
      - Partners Who is the responsible agency partnering with to complete implementation of this activity <u>Department of Elementary and Secondary Education</u>, <u>Department of Health and Senior Services</u>, <u>Child Care Aware of Missouri</u>.
- 6.2 Supporting Training and Professional Development of the Child Care Workforce with CCDF Quality Funds

States and Territories may use the quality set-aside discussed in detail in section 7 to support the training and professional development of the child care workforce.

- 6.2.1 Does the State/Territory fund the training and professional development of the child care workforce?
  - Yes. If yes,
    - a. Describe the measures relevant to this use of funds that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory. The Lead Agency reviews data on the number of training participants, the type and amount of trainings offered and completed, the number of providers that become licensed and in compliance, the number of providers participating in CDA programs through Lead Agency funding, and the education level of child care professionals.

Э.	Ind	icate which funds will be used for this activity (check all that apply)
	X	CCDF funds. Describe CCDF Quality Set Aside funding.
		Other funds. Describe
С.	Che	eck which content is included in training and professional development activities. Check all
	tha	t apply.
	•	Promoting the social, emotional, physical, and cognitive development of children, including
		those related to nutrition and physical activity, using scientifically-based, developmentally-
		appropriate and age-appropriate strategies as required in 6.1.1c. Describe The Lead Agency
		contracts with Child Care Aware® of Missouri to provide statewide clock hour training on
		developmentally appropriate practices for infants and toddlers, infant/toddler development
		and well-being, etc.
	•	Implementing behavior management strategies, including positive behavior interventions
		and support models that promote positive social -emotional development and early
		childhood mental health and reduce challenging behaviors, including reducing expulsions of
		preschool-aged children from birth to five for such behaviors (see also Section 2). Describe
		The Lead Agency contracts with Child Care Aware® of Missouri to provide statewide clock
		hour training on social-emotional development of infants, toddlers, and their families,
		helping parents and providers understand temperament, supportive responses to troubled
		parent-child interactions, challenging behaviors in infants and toddlers, etc.
		Engaging parents and families in culturally and linguistically appropriate ways to expand
		their knowledge, skills, and capacity to become meaningful partners in supporting their
		children's positive development. Describe
	•	Developmentally appropriate, culturally and linguistically responsive instruction and
		evidence-based curricula, and learning environments that are aligned with the
		State/Territory Early Learning and Development Standards. Describe <u>All training provided</u>
		via the statewide training calendar is aligned with the Core Competencies for Early
		Childhood and Youth Development Professions (Kansas and Missouri)
		On-site or accessible comprehensive services for children and community partnerships that
		promote families' access to services that support their children's learning and development.
		Describe
	X	Using data to guide program evaluation to ensure continuous improvement. Describe Child

Care Aware® of Missouri, the Lead Agency's resource, referral, and training contractor,

collects evaluation data from participants after every training session that was posted on the Missouri Workshop Calendar is completed; information from these evaluations is use to determine whether the training was presented in a meaningful manner, the participant will use what was learned on the job, the level of content and presentation was commensurate to the audience, the location where the training was held was convenient within the geographic region was convenient and conducive to learning, etc. and makes adjustments accordingly.

- ☐ Caring for children of families in geographic areas with significant concentrations of poverty and unemployment. Describe
- Caring for and supporting the development of children with disabilities and developmental delays. Describe The Lead Agency provides substantial funding to the Department of Health and Senior Services, Section for Child Care Regulation, which is responsible for awarding an annual Inclusion Services contract and providing "A Place for All" inclusion training, available statewide to all child care providers via registration on the training calendar maintained by Child Care Aware® of Missouri.
- Supporting positive development of school-age children. Describe <u>The Lead Agency provides</u> substantial funding to the Department of Elementary and Secondary Education, which funds the Missouri Afterschool Network, which is a co-funder, along with the Lead Agency, of the OPEN Initiative's Missouri Professional Development Registry.

Che	eck how the State/Territory connects child care providers with available Federal and
Sta	te/Territory financial aid, or other resources for pursuing postsecondary education relevant
for	the early childhood and school-age workforce. Check all that apply.
	Coaches, mentors, consultants, or other specialists available to support access to
	postsecondary training including financial aid and academic counseling
	State/Territory-wide, coordinated, and easily accessible clearinghouse (i.e. online calendar
	or listing of opportunities) of relevant postsecondary education opportunities
	Financial awards (such as scholarships, grants, loans, reimbursement for expenses) from
	State/Territory for completion of postsecondary education
X	Other. Describe The Lead Agency contracts with Child Care Aware® of Missouri, which is
	the license holder in Missouri for T.E.A.C.H. Missouri, an educational scholarship
	opportunity for early childhood professionals in licensed child care center-based, group-
	based, and family child care centers. Funding provided by the Lead Agency to the
	Department of Elementary and Secondary Education partially funds T.E.A.C.H. Missouri.
	No

- 6.2.2 Does the State/Territory require a specific number of annual training hours for child care providers caring for children receiving CCDF subsidies and in particular content areas? States and Territories are encouraged to consult with *Caring for our Children* for best practices and recommended time needed to address training hour requirements.
  - ✓ Yes. If yes, describe:
    - a) Licensed Center-Based Care
      - 1) Number of pre-service or orientation hours and any required areas/content 0
      - 2) Number of on-going hours and any required areas/content <u>12 hours of ongoing training on</u> the Missouri Workshop Calendar, approved trainings through the Department of Health and Senior Services or sponsored by Local Public Health Agency or Fire Safety staff.
    - b) Licensed Group Child Care Homes
      - 1) Number of pre-service or orientation hours and any required areas/content <u>0</u>
      - Number of on-going hours and any required areas/content <u>12 hours of on-going training</u> from the Missouri Workshop Calendar or approved training through the Department of Health and Senior Services or sponsored by Local Public Health Agency or Fire Safety staff.
    - c) Licensed Family Child Care Provider
      - 1) Number of pre-service or orientation hours and any required areas/content 0
      - Number of on-going hours and any required areas/content 12 hours of on-going training from the Missouri Workshop Calendar or approved training through the Department of Health and Senior Services or sponsored by Local Public Health Agency or Fire Safety staff.
    - d) Any other eligible CCDF provider

□ No

							_		
1١	Number of	nro comico	or oriental	tion have	re and an		~ d ~ ~ ~ ~ ~	/cantant	
11	MUMBER OF	DIE-ZELVICE	or onemai	ноп пош	IS ANO AN	v recunit	201 areas	/COMPH	

2)	Number of	on-going h	ours and a	any require	ed areas/content	

- 6.2.3 Describe the status of the State/Territory's policies and practices to strengthen provider's business practices.
  - Fully implemented. Describe the State strategies including training, education, and technical assistance to strengthen provider's business practices. This may include, but is not limited to, such practices related to fiscal management, budgeting, record-keeping, hiring, developing, and retaining qualified staff, risk management, community relationships, marketing and public relations, and parent-provider communications, including who delivers the training, education and/or technical assistance Educare contractors provide education and technical assistance to child care providers receiving subsidy to enhance all aspects of their business practice. The Lead Agency partners with the Department of Health and Senior Services' Section for Child Care Regulation and the Child Care Review Team to go on-site and work with providers to focus on the administrative aspects of their business, i.e., maintaining records, fiscal management, and attendance logs.
  - Not implemented. The State/Territory must provide a State/Territory-specific implementation plan
    for achieving compliance with this requirement, including planned activities, necessary legislative or
    regulatory steps to complete, and target completion date (no later than September 30, 2016).
     Please provide brief text responses and descriptions only. Do not cut and paste charts or tables
    here. Your responses will be consolidated electronically into an Implementation Plan summary
    report.

• Ov	erall Target Completion Date (no later than September 30, 2016)
• Cu	rrent Status – Describe the State/Territory's status toward complete implementation for any
rec	uirement(s) not fully implemented (not yet started, partially implemented, substantially
im	plemented, other)
0	Implementation progress to date – Identify any requirement(s) partially or substantially implemented
0	Unmet requirement - Identify the requirement(s) not fully implemented
	sks/Activities – What specific steps will you take to implement the requirement (e.g.,
	islative or rule changes, modify agreements with coordinating agencies, etc.)
0	Projected start date for each activity
0	Projected end date for each activity
0	Agency – Who is responsible for complete implementation of this activity
0	Partners – Who is the responsible agency partnering with to complete implementation of
O	this activity
	this detivity
Early Learn	ning and Developmental Guidelines
-	6 Act of 2014 added a requirement that the State/Territory will develop, maintain, or
	early learning and developmental guidelines that are appropriate for children in a forward
•	n from birth to kindergarten entry (i.e., birth-to-three, three-to-five, or birth-to-five),
	what such children should know and be able to do, and covering the essential domains of
_	nood development for use State/Territory wide by child care providers. (658E(c)(2)(T)) At the
-	he State/Territory, early learning and development guidelines for out-of-school time may be
•	States and Territories may use the quality set-aside as discussed in section 7 to improve on
•	pment or implementation of early learning and development guidelines.
the develop	princing of implementation of early learning and development galdelines.
Describe th	ne status of the State/Territory's early learning and development guidelines appropriate for
	om birth to kindergarten entry.
	te/Territory assures that the early learning and development guidelines are:
	search-based, developmentally appropriate, culturally and linguistically appropriate, and
	gned with entry to kindergarten
_	plemented in consultation with the State educational agency and the State Advisory Council
	NC) or other state or state-designated cross-agency body if there is no SAC
-	
• Up	dated as determined by the State. List the date or frequency On-going
	Fully implemented and meeting all Federal requirements outlined above. List the Lead
	Agency's policy citation(s) and describe using 6.3.2 through 6.3.4 below
[X]	Not implemented. The State/Territory must provide a State/Territory-specific
	implementation plan for achieving compliance with this requirement, including planned
	activities, necessary legislative or regulatory steps to complete, and target completion date
	(no later than September 30, 2016). Please provide brief text responses and descriptions
	only. Do not cut and paste charts or tables here. Your responses will be consolidated

6.3

6.3.1

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electronically into an Implementation Plan summary report.

- Overall Target Completion Date (no later than September 30, 2016) <u>September 30, 2016</u>
- Current Status Describe the State/Territory's status toward complete implementation for any requirement(s) not fully implemented (not yet started, partially implemented, substantially implemented, other) <u>Partially implemented</u>
  - Implementation progress to date Identify any requirement(s) partially or substantially implemented <u>The Missouri Early Learning Standards</u> (as they are called <u>by the Department of Elementary and Secondary Education, rather than Guidelines</u>) have been in existence for several years.
  - Unmet requirement Identify the requirement(s) not fully implemented <u>In their</u>
     <u>current format</u>, the <u>Missouri Early Learning Standards do not show progression from</u>
     <u>one developmental stage to the next and training has not been developed and it not</u>
     <u>currently being provided to child care professionals.</u>
- Tasks/Activities What specific steps will you take to implement the requirement (e.g., legislative or rule changes, modify agreements with coordinating agencies, etc.) Modify agreement with the Department of Elementary and Secondary Education to enhance the progression of developmental stages and to develop and implement training of the Early Learning Standards.
  - Projected start date for each activity <u>January 1, 2016</u>
  - o Projected end date for each activity September 30, 2016
  - Agency Who is responsible for complete implementation of this activity <u>Lead</u>
     Agency
  - Partners Who is the responsible agency partnering with to complete implement this activity Department of Elementary and Secondary Education

6.3.2	Check for which age group(s) the State/Territory has established early learning and development
	guidelines:
	Birth-to-three. Provide a link
	Three-to-Five. Provide a link
	☑ Birth-to-Five. Provide a link <a href="http://dese.mo.gov/early-extended-learning/early-learning/missouri-">http://dese.mo.gov/early-extended-learning/early-learning/missouri-</a>
	early-learning-standards
	Five and older (check if State/Territory has standards for five and older that complement but cover child development areas not covered by k-12 academic standards). Describe and provide a link
	Other. Describe
6.3.3	Does the State/Territory use CCDF quality funds to improve on the development or implementation of early learning and development guidelines by providing technical assistance to child care providers to

well-being?Yes, the State/Territory has a system of technical assistance operating State/Territory-wide

enhance children's cognitive, physical, social and emotional development and support children's overall

	Yes	, the	e State/Territory has a system of technical assistance operating as a pilot or in a few localities		
	but	not	State/Territory-wide		
□ No, but the State/Territory is in the development phase			the State/Territory is in the development phase		
	No, the State/Territory has no plans for development				
	a)	If y	es, check all that apply to the technical assistance and describe.		
			Child care providers are supported in developing and implementing curriculum/learning		
			activities based on the State's/Territory's early learning and development guidelines.		
			Describe		
			The technical assistance is linked to the State's/Territory's quality rating and improvement		
			system. Describe		
		X	Child care providers working with infants and/or toddlers have access to the technical		
			assistance for implementing early learning and development guidelines. Describe <u>The Lead</u>		
			Agency contracts statewide with various agencies to provide Educare services to non-		
			licensed child care providers and licensed in-home providers contracted with the Lead		
			Agency; these services consist of on-site visits to the providers for the purpose of safety		
			checks, technical assistance, incorporation of the Strengthening Families Initiative Protective		
			Factors into their program, and delivery of a research-based curriculum to increase the		
			providers' knowledge of child development, social-emotional development, child/parent		
			interactions, child behaviors, etc.		
		X	Child care providers working with <u>preschool-age children</u> have access to the technical		
			assistance for implementing early learning and development guidelines. Describe <u>The Lead</u>		
			Agency contracts statewide with various agencies to provide Educare services to non-		
			licensed child care providers and licensed in-home providers contracted with the Lead		
			Agency; these services consist of on-site visits to the providers for the purpose of safety		
			checks, technical assistance, incorporation of the Strengthening Families Initiative Protective		
			Factors into their program, and delivery of a research-based curriculum to increase the		
			providers' knowledge of child development, social-emotional development, child/parent		
			interactions, child behaviors, etc.		
			Child care providers working with <u>school-age children</u> have access to the technical		
			assistance for implementing early learning and development guidelines. Describe		
	b)	Ind	icate which funds are used for this activity (check all that apply)		
		X	CCDF funds. Describe Educare is funded through the Quality Expansion Target utilizing CCDF		
			<u>funding.</u>		
			Other funds. Describe		

- 6.3.4 Check here ⊠ to demonstrate that State/Territory assures that CCDF funds will not be used to develop or implement an assessment for children that: (658E(c)(2)(T)(ii)(I))
  - Will be the primary or sole basis to determine a child care provider ineligible to participate in the CCDF program
  - Will be used as the primary or sole basis to provide a reward or sanction for an individual provider
  - Will be used as the primary or sole method for assessing effectiveness of child care programs

• Will be used to deny children eligibility to participate in the CCDF program

# 7 Support Continuous Quality Improvement

Lead Agencies are required to reserve and use a portion of their Child Care and Development Block Grant funds for activities designed to improve the quality of child care services and increase parental options for, and access to, high-quality child care. Support for continuous quality improvement is expected to cover the entire age span of children supported by CCDF, from birth through age 12. States/Territories may provide these quality improvement activities directly, or through grants or contracts with local child care resource and referral organizations or other appropriate entities. The activities should be in alignment with a State/Territory-wide assessment of the State's/Territory's needs to carry out such services and care. These quality investments can align with, support and help sustain additional quality efforts developed under Race to the Top Early Learning Challenge grants, Early Head Start/Head Start partnerships and other funding efforts.

States and Territories will report on these quality improvement investments through CCDF in three ways: 1) ACF will collect annual data on how much CCDF funding is spent on quality activities using the expenditure report (ACF-696); 2) In the Plan, States and Territories will describe the types of activities supported by quality investments over the three-year period; and 3) For each three-year Plan period, States and Territories will submit a separate annual report that will show the measures used by the State/Territory to evaluate its progress in improving the quality of child care programs and services in the State/Territory.

The CCDBG Act of 2014 requires States and Territories to use the quality set-aside to fund at least one of the following 10 activities:

- 1) Supporting the training and professional development of the child care workforce (as described in Section 6)
- 2) Improving on the development or implementation of early learning and development guidelines (as described in Section 6)
- 3) Developing, implementing, or enhancing a tiered quality rating system for child care providers and services
- 4) Improving the supply and quality of child care programs and services for infants and toddlers
- 5) Establishing or expanding a Statewide system of child care resource and referral services (as described Section 1)
- 6) Supporting compliance with State/Territory requirements for licensing, inspection, monitoring, training, and health and safety (as described in Section 5)
- 7) Evaluating the quality of child care programs in the State/Territory, including evaluating how programs positively impact children
- 8) Supporting providers in the voluntary pursuit of accreditation

- 9) Supporting the development or adoption of high-quality program standards related to health, mental health, nutrition, physical activity, and physical development
- 10) Other activities to improve the quality of child care services as long as outcome measures relating to improved provider preparedness, child safety, child well-being, or kindergarten-entry are possible.

Throughout this Plan, States and Territories will describe the types of quality improvement activities where CCDF investments are being made, including but not limited to, the quality set-aside funds. We recognize that for some areas, States and Territories may leverage other funds to support the quality improvement goals, which we encourage and support. For example, activities related to early learning and development guidelines may be supported by a combination of CCDF and education funding. States and Territories continue to have such flexibility.

## 7.1 Activities to Improve the Quality of Child Care Services

- 7.1.1 What are your overarching goals for quality improvement? Please describe how the State/Territory selected these goals, including any data or the State/Territory-wide assessment of needs that identified the needs for quality improvement services <a href="The overarching goals for quality improvement include">The overarching goals for quality improvement include</a> enhancing early childhood professional development and expanding early childhood data systems. The goals were selected by reviewing the priority needs assessment completed by the Missouri Head Start State Collaboration office for the State of Missouri.
- 7.1.2 Check and describe which of the following specified quality improvement activities the State/Territory is investing in:

	Developing, implementing or enhancing a tiered quality rating system. If checked, respond to 7.2.
	☐ Indicate which funds will be used for this activity (check all that apply)
	☐ CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
	Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
X res	Improving the supply and quality of child care services for infants and toddlers. If checked, spond to 7.3.
	☐ Indicate which funds will be used for this activity (check all that apply)
	X CCDF funds. Describe CCDF funds (e.g., quality set-aside, including whether designated infant- and toddler set aside, etc.)Funds are being used along with other CCDF funds Quality and Infant Toddler Rate Increase

	Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
Χ	Establishing or expanding a statewide system of CCR&R services as discussed in 1.7. If checked, respond to 7.4.
	☐ Indicate which funds will be used for this activity (check all that apply)
	X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality Expansion.
	Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
X	Facilitating compliance with State/Territory requirements for inspection, monitoring, training, and health and safety standards (as described in Section 5). If checked, respond to 7.5.
	☐ Indicate which funds will be used for this activity (check all that apply)
	X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality set-aside.
	Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
	Evaluating and assessing the quality and effectiveness of child care services within the State/Territory. If checked, respond to 7.6.
	☐ Indicate which funds will be used for this activity (check all that apply)
	CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
	Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
Χ	Supporting accreditation. If checked, respond to 7.7.
	☐ Indicate which funds will be used for this activity (check all that apply)
	X CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.) Quality.
	Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)

			e/Territory or local efforts to develop high-quality program standards h, mental health, nutrition, physical activity, and physical development. If id to 7.8.
		☐ Indicate	which funds will be used for this activity (check all that apply)
			CCDF funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set aside, etc.)
			Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
		vices, and for wh	ties determined by the State/Territory to improve the quality of child care ich measurement of outcomes related to improved provider preparedness, ell-being, or entry into kindergarten is possible. If checked, respond to 7.9.
		☐ Indicate	which funds will be used for this activity (check all that apply)
			F funds. Describe CCDF funds (e.g., quality set-aside, infant-toddler set Quality Expansion Target.
			Other funds. Describe other funding sources (e.g., Race to the Top Early Learning Challenge, state or local funds, etc.)
7.2 Qualit	ty Ratin	g and Improvem	ent System
7.2.1 Do	es your	State/Territory h	nave a quality rating and improvement system (QRIS)?
	admir		ry has a QRIS <u>operating State/Territory-wide</u> . Describe how the QRIS is stee or locally administered such as through CCR&Rs) and provide a link, if
			ry has a QRIS <u>operating as a pilot, in a few localities, or only a few levels</u> but te/Territory-wide. Provide a link, if available
	No, b	ut the State/Terr	itory is in the development phase
Х	No, th	ne State/Territor	y has no plans for development
a)	If yes, o	check all that app	oly to your QRIS.
	□ P	articipation is vo	luntary
	d	escribe the relati	andatory for providers serving children receiving subsidy. If checked, onship between QRIS participation and subsidy (minimum rating required, by level, etc.)
	□ P:	articipation is red	quired for all providers

Ц	includes nationally-recognized accreditation as a way to meet/achieve QRIS rating levels
	Supports and assesses the quality of child care providers in the State/Territory
	Builds on State/Territory licensing standards and other State/Territory regulatory standards for such providers
	Embeds licensing into the QRIS. Describe
	Designed to improve the quality of different types of child care providers and services
	Describes the safety of child care facilities
	Addresses the business practices of programs
	Builds the capacity of State/Territory early childhood programs and communities to promote parents' and families' understanding of the State/Territory's early childhood system and the ratings of the programs in which the child is enrolled
	Provides, to the maximum extent practicable, financial incentives and other supports designed to expand the full diversity of child care options and help child care providers improve the quality of services. If checked, please describe how these financial options link to responses in Section 4.3 related to higher payment rates tied to quality
	Can be used to track trends in whether children receiving subsidy are utilizing rated care settings and level of rating
	s, which types of settings or distinctive approaches to early childhood education and care cipate in the State's/Territory's QRIS? Check all that apply.
	Licensed child care centers
	Licensed family child care homes
	License-exempt providers
	Early Head Start programs
	Head Start programs
	State pre-kindergarten or preschool program
	Local district supported pre-kindergarten programs
	Programs serving infants and toddlers
	Programs serving school-age children
	Faith-based settings
	2222 224110

		☐ Other. Describe.	
7.2.2	Stat		nt to this activity that the State/Territory will use to evaluate the mproving the quality of child care programs and services in the
7.3	Improv	ving the Supply and Quali	ty of Child Care Programs and Services for Infants and Toddlers
	care. I infants and to very y	Lead Agencies are encoura s and toddlers receive, the addler providers and the c	d changes targeted at improving the supply and quality of infant-toddler aged to systematically assess and improve the overall quality of care e systems in place or needed to support and enhance the quality of infant apacity of the infant and toddler workforce to meet the unique needs of ethods in place to increase the proportion of infants and toddlers in
7.3.1	and		lemented by the State/Territory to improve the supply (see also section 4) rams and services for infants and toddlers? Check all that apply and
		development centers, w the quality of early child and to help eligible child	g high-quality community or neighborhood-based family and child hich may serve as resources to child care providers in order to improve hood services provided to infants and toddlers from low-income families care providers improve their capacity to offer high-quality, agents and toddlers from low-income families. Describe
		Establishing or expandin networks. Describe	g the operation of community or neighborhood-based family child care
			X Providing training and professional development to promote and expand child care providers' ability to provide developmentally appropriate services for infants and toddlers. Describe <a href="Trainings that">Trainings that</a> are approved by the State of Missouri to meet child care professional development requirements are available through the online Missouri Workshop Calendar; the Infant/Toddler Child Care Orientation  Training is one example of the trainings offered, trainings are standardized and validated trainings. The Workshop Calendar is maintained by Child Care Aware of Missouri. The Educare contract offers technical assistance and training opportunities for child care.

infant-toddler care. Describe The Department of Social Services uses
the infant/toddler targeted funds to increase the reimbursement rates
for infant/toddler care to eligible child care providers in order to

X Providing financial incentives (including the use of grants and

contracts as discussed in section 4) to increase the supply and quality of

providers free or at reduced costs.

# increase the number of infants and toddlers accessing licensed/regulated care.

X Coordinating with early intervention specialists who provide services

X Providing coaching and/or technical assistance on this age group's unique needs from Statewide networks of qualified infant-toddler specialists. Describe <u>Child Care Aware of Missouri</u> <u>provides technical assistance/support for Missouri child care programs in response to specific needs presented by Missouri child care programs through the contract with the Lead Agency. Technical assistance/support includes, but is not limited to, providing educational resources and materials and assistance with information on child care-related topics including infant and toddler care.</u>

for infants and toddlers with disabilities under part C of the Individuals with Disabilities Education Act (20 U.S.C. 1431 et seq.) Describe <u>DESE</u>
Developing infant and toddler components within the State's/Territory's QRIS. Describe
Developing infant and toddler components within the State/Territory's child care licensing ulations. Describe
X Developing infant and toddler components within the early learning and development guidelines. Describe <u>Through a Memorandum of</u>
Understanding with the Department of Elementary and Secondary Education (DESE), the Lead Agency supports the continued
development and implementation of early learning standards from birth to kindergarten; the guidelines are consistent with current research and recommendations from other state and national initiatives.
X Improving the ability of parents to access transparent and easy to understand consumer information about high-quality infant and toddler care. Describe <a href="Through a contract with Child">Through a contract with Child</a> Care Aware of Missouri parents are able to access easy to understand information about the availability of high-quality infant and toddler care and are able to receive assistance with the selection of child care.
Carrying out other activities determined by the State/Territory to improve the quality of infant and toddler care provided in the State/Territory, and for which there is evidence that the activities will lead to improved infant and toddler health and safety, infant and toddler cognitive and physical development, or infant and toddler well-being. Describe
Other. Describe

7.3.2 Describe the measures relevant to this activity that the State/Territory will use to evaluate the State's progress in improving the quality of child care programs and services in the State/Territory <a href="The Lead">The Lead</a> Agency monitors the number of child care infant/toddler providers that are receiving a rate differential. This rate differential is child specific. The Lead Agency also monitors the number of clock hour trainings taken by child care providers in the infant/toddler category and the number of child care professionals that utilize the OPEN registry to track their professional development.

#### 7.4 Child Care Resource & Referral

- 7.4.1 Describe the status of the child care resource and referral system
  - X State/Territory has a CCR&R system <u>operating State/Territory-wide</u>. Describe how the CCR&R system is operated, including how many agencies and if there is a statewide network and how the system <u>Child Care Aware of Missouri is the resource and referral agency contracted with the Lead Agency and operates state-wide through regional agencies that serve all counties in Missouri. Child Care Aware of Missouri supports continuous quality improvement by offering training and professional development of the child care workforce, improving the implementation of early learning and development guidelines, improving the supply and quality of child care programs and services for infants and toddlers, and improving provider preparedness.</u>

State/Territory has a CCR&R system operating in a few localities but not fully operating
State/Territory-wide. Describe

☐ State/Territory is in the development phase

Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory Child Care Aware of Missouri submits several reports that contain measures used to evaluate progress including the following reports:

- Results of an annual professional development needs assessment and training plan
- The types and number of clock hour sessions offered and completed by providers to meet child care licensing professional development requirements
- The total number of providers completing clock hour sessions
- Results of clock hour session satisfaction surveys to identify success and improvement areas
- Agenda and participation results of Regional Collaboration Meetings (RCM) convened and coordinated a minimum of four times per year per each geographic region for various early childhood partners and providers. The RCM includes a professional development component and discussion of training needs.
- Results of referral calls and online searches that connect families to appropriate child care
- Follow-up response rates, success rates, and comments to identify consumer education and assistance provided for families seeking child care
- Results of technical assistance calls to identify successes and areas that need improvement

 Results of technical assistance provided to the business community on developing and/or supporting child care programs for employees which encourages business involvement to assist in increasing the capacity for child care that supports working families.

7.4.2

## 7.5 Facilitating Compliance with State Standards

- 7.5.1 What strategies does your State/Territory fund with CCDF quality funds to facilitate child care providers' compliance with State/Territory requirements for inspection, monitoring, training, and health and safety, and with State/Territory licensing standards? Describe <a href="Through a Memorandum of Understanding with the Department of Health and Senior Services the Lead Agency supports compliance with state requirements through child care health and safety nurse consultations and trainings, child care sanitation inspections, child care complaint investigations, monitoring of all grant funded contracts associated with CCDF, and through the support of child care licensure inspection software.
- 7.5.2 Describe the measures relevant to this activity that the State will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory <a href="The-Department of Health and Senior Services submits reports that contain measures used to evaluate progress including the following reports:">The Department of Health and Senior Services submits reports that contain measures used to evaluate progress including the following reports:</a>

End of the fiscal year report that summarizes the total number of child care providers by program, number of providers investigated, number of providers revoked, on probation, suspended, approved applications and denied applications

Number of hours consulting/training child care providers by the nurse health consultants, the number of providers that were provided consultation/training with the number of children impacted, number of health promotion activities provided to young children in child care

Number of health and sanitation inspections conducted by county, number of reinspections by county, and number of sanitation trainings by region

7.6	Evaluating and Assessing the Quality and Effectiveness of Child Care Programs and Services
7.6.1	One of the purposes of the CCDBG Act of 2014 is to increase the number and percentage of low-income children in high-quality child care settings. Describe how the State/Territory measures the quality and effectiveness of child care programs and services offered in the State/Territory, including any tools used to measure child, family, teacher, classroom, or provider improvements, and how the State/Territory evaluates that such programs positively impact children
7.6.2	Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory
7.7	Accreditation Support
7.7.1	Does the State/Territory support child care providers in the voluntary pursuit of accreditation by a national accrediting body with demonstrated, valid, and reliable program standards of high quality?
	X Yes, the State/Territory has supports <u>operating State/Territory-wide</u> . Describe the supports for all types of accreditation the State/Territory provides to child care centers and family child care homes to achieve accreditation <u>The Lead Agency offers a 20% rate differential to child care centers and family child care homes that are accredited by a national accrediting body with demonstrated, valid, and reliable program standards of high quality.</u>
	Yes, the State/Territory has supports operating as a pilot or in a few localities but not State/Territory-wide. Describe
	☐ No, but the State/Territory is in the development phase
	☐ No, the State/Territory has no plans for development
7.7.2	Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory The Lead Agency monitors the number of child care providers paid a rate differential due to accreditation and the number of children that receive child care services in an accredited setting.
7.8	Program Standards
7.8.1	What other State/Territory or local efforts, if any, is the State/Territory supporting to develop or adopt high-quality program standards relating to health, mental health, nutrition, physical activity, and physical development? Please describe
7.8.2	Describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving the quality of child care programs and services in the State/Territory
7.9	Other Quality Improvement Activities

List and describe any other activities the State/Territory provides to improve the quality of child care services and describe the measures relevant to this activity that the State/Territory will use to evaluate the State/Territory's progress in improving provider preparedness, child safety, child well-being, or entry into kindergarten. OPEN is a registry for early childhood professionals that collect workforce data via a web-based data system. OPEN supports an integrated and seamless career development system and works closely with early childhood, afterschool, and youth development partners in the areas of Standards development, including Core

Competencies, that establishes a set of standards for early care and education and defines what professionals need to know and do to provide quality care. The registry streamlines professional development data and allows communities and policy makers to access data to support the decision making process regarding quality initiatives.

## 8 Ensure Grantee Program Integrity and Accountability

Under CCDF, program integrity and accountability activities are grounded in the State/Territory's policies for implementing the CCDF program. For error rate activities, reviews are based on the State/Territory's own CCDF policies. The CCDBG Act of 2014 made sweeping changes to the program requirements. With these changes, the State/Territory has an opportunity to change their own policies to reduce the burden for participants and staff as they build in safeguards to maintain program integrity. For example, the new law focuses on eligibility requirements at the time of eligibility determination and allows for a minimum 12-month period of eligibility before redetermination, which lessens the need for participants to continually provide documentation. This, in turn, relieves the State/Territory from the burden of constantly "checking" on participants which can open the door for miscalculations, lost paperwork, and other errors.

Lead Agencies are required to have accountability measures in place to ensure integrity and to identify fraud or other program violations. These accountability measures should address administrative error, including unintentional agency error, as well as program violations, both unintentional and intentional. Violations may or may not result in further action by the Lead Agency, including those cases suspected of and/or prosecuted for fraud.

## 8.1 Program Integrity

- 8.1.1 Describe how the State/Territory ensures that their definitions for violations have been modified, and program integrity procedures revised to reflect new requirements. <u>State regulations have been reviewed and revised by the Lead Agency to submit for promulgation.</u>
- 8.1.2 Describe how the State/Territory ensures that all staff are informed and trained regarding changes made to its policies and procedures to reflect new CCDF requirements. Check all that apply.

Χ	Issue policy change notices
	Issue new policy manual Staff training  Orientations

Onsite training
Online training

- X Regular check-ins to monitor implementation of the new policies. Describe <u>Lead Agency</u> <u>holds quarterly meetings with staff from the Family Support Division. The purpose of these</u> <u>meetings is to review policy changes and results found during the second level case review.</u>
- X Other. Describe <u>Second level case reviews</u>. <u>Front line supervisors review child care cases</u> <u>each month and a Lead Agency program development specialist does a second level review of the cases</u>.
- 8.1.3 Describe the processes the Lead Agency will use to monitor all sub-recipients, including those described in Section 1, such as licensing agencies, child care resource and referral agencies, and others with a role in administering CCDF. The Lead Agency is responsible for ensuring effective internal controls over the administration of CCDF funds. Lead Agencies that use other governmental or non-governmental sub-recipients to administer the program must have written agreements in place outlining roles and responsibilities for meeting CCDF requirements. An annual risk assessment is completed on each subrecipient and contractors receiving CCDF to determine level of monitoring. Monitoring is either an on-site monitoring or a desk audit. Each form of audit uses a monitoring tool that is developed annually based on contractual requirements. Upon completion of a monitoring the Lead Agency's management team reviews the results and approves the monitoring. The assigned Program Development Specialist, from the Lead Agency, meets with the contractor to review the monitoring results and if necessary develops a plan to correct any areas in which the contractor if found out of compliance.

**Definition**: "Subrecipient means a non-Federal entity that receives a subaward from a passthrough entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A subrecipient may also be a recipient of other Federal awards directly from a Federal awarding agency (2 CFR 200.93). Two CFR Part 200, Subpart A provides additional information on contractors (which may be referred to as "vendors"). The description of monitoring must include, but is not limited to, a description of the written agreements used, a schedule for completing the tasks, a budget which itemizes categorical expenditures consistent with CCDF requirements and indicators or measures to assess performance. Additional items for discussion may include: fiscal management, review of policies and procedures to ensure compliance with CCDF regulations, and monitoring/auditing contractors or grantees to ensure that eligible children are served and eligibility documentation is verified."

- 8.1.4 Describe the activities the Lead Agency has in place to identify program violations and administrative error to ensure program integrity using the series of questions below. Program violations may include intentional and unintentional client and/or provider violations as defined by the Lead Agency.

  Administrative error refers to areas identified through the Error Rate Review process. Lead Agencies are required to have processes in place to identify fraud or other program violations.
  - a) Check which activities the Lead Agency has chosen to conduct to identify unintentional or intentional program violations.

	Share/match data from other programs (e.g., TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))		
	Run system reports that flag errors (include types). Describe		
Х	Review of enrollment documents, attendance or billing records		
Х	Conduct supervisory staff reviews or quality assurance reviews		
	Audit provider records		
Χ	Train staff on policy and/or audits		
	Other. Describe  None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines		
b) Checl	which activities the Lead Agency has chosen to conduct to identify administrative error.		
	Share/match data from other programs (e.g. TANF, Child and Adult Care Food Program (CACFP), Food and Nutrition Service (FNS), Medicaid) or other databases (e.g., State Directory of New Hires, Social Security Administration, Public Assistance Reporting Information System (PARIS))		
X <u>du</u>	Run system reports that flag errors (include types). Describe <u>Flag absence and holiday errors,</u> olicate authorizations, reports on holiday usage, and reports based on provider risk assessments.		
ΧΙ	Review of enrollment documents, attendance or billing records		
Х	Conduct supervisory staff reviews or quality assurance reviews		
	Audit provider records		
Х	Train staff on policy and/or audits		
	Other. Describe  None. Describe what measures the Lead Agency plans to put in place to address program integrity along with action steps and completion timelines		
paymen Agency	ctivities (or describe under "Other") the Lead Agency will use to investigate and collect improper ts due to program violations or administrative error as defined in your State/Territory? The Lead has the flexibility to recover misspent funds as a result of errors. The Lead Agency is required to misspent funds as a result of fraud.		
Check which activities (or describe under "Other") the Lead Agency will use for unintentional program violations?			
X doll	Require recovery after a minimum dollar amount in improper payment. Identify the minimum ar amount \$5.00		

8.1.5

a)

			Coordinate with and refer to other State/Territory agency (e.g., State/Territory collection agency, law enforcement)
		Χ	Recover through repayment plans
		Χ	Reduce payments in subsequent months
			Recover through State/Territory tax intercepts Recover through other means
			Establish a unit to investigate and collect improper payments. Describe <u>Child Care Review Team</u> , thin the Division of Finance and Administrative Services, conducts provider risk assessments to termine which providers in which to conduct reviews. In addition, referrals may be made to the
		rev	riew team by the payment unit or Lead Agency when payment or billing issues are identified.
			Other. Describe
			None. Describe what measures the Lead Agency plans to put in place to address the investigation and recovery of misspent funds due to unintentional program violations, including action steps and completion timelines
b)	Cne	eck v	which activities the Lead Agency will use for intentional program violations or fraud?
		X dol	Require recovery after a minimum dollar amount in improper payment. Identify the minimum llar amount \$5.00
			Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency law enforcement)
		Χ	Recover through repayment plans
		Х	Reduce payments in subsequent months
			Recover through State/Territory tax intercepts Recover through other means Establish a unit to investigate and collect improper payments. Describe composition of unit
			below
		X	Other. Describe Referrals may be made to the Welfare Investigation Unit, within the
			partment of Social Services legal division for further investigation and possible referrals to esecuting attorney. In addition, the Lead Agency may terminate a providers contract to receive
			ld care subsidy.
			None. Describe what measures the Lead Agency plans to put in place to address the
			investigation and recovery of misspent funds due to fraud, including action steps and completion timelines
c)	Che	eck v	which activities the Lead Agency will use for administrative error?
		X dol	Require recovery after a minimum dollar amount in improper payment. Identify the minimum llar amount \$5.00

		Coordinate with and refer to other State/Territory agency (e.g. State/Territory collection agency, law enforcement)
	Х	Recover through repayment plans
	Х	Reduce payments in subsequent months
		, , ,
	<u>Ai</u> us re ar	Establish a unit to investigate and collect improper payments. Describe composition of unit elow: The Child Care Review Team (CCRT) established within the Division of Finance and deministrative Services compliance unit in 2013 develops a plan to monitor child care providers sing a risk-based data-driven approach. CCRT conducts onsite and desk reviews of high risk or efferred providers to determine compliance with record keeping and billing. Providers found to have a overpayment are referred to the Child Care Payment Unit to establish a claim and imitate ecoupment of overpayments.
		_
8.1.6	paym	type of sanction will the Lead Agency place on clients and providers to help reduce improper ents due to program violations? The Lead Agency is required to impose sanctions on clients and ders in response to fraud.
		X Disqualify client. If checked, please describe, including a description of the appeal process for clients who are disqualified. Client cannot receive child care assistance if no repayment agreement is in place and payments being made. Clients may file an appeal with the Division of Legal Services administrative hearing unit.
		X Disqualify provider. If checked, please describe, including a description of the appeal process for providers who are disqualified. The Lead Agency may choose to not contract for subsidy if the provider has committed fraud and has been prosecuted in criminal court.
		□ Prosecute criminally
		☐ Other. Describe